

Application for BAIL AGENT PROFESSIONAL LIABILITY COVERAGE



Return Applications to:
Fox Point Programs, Inc.
 250 Philadelphia Pike, 2nd Fl, Wilmington, DE 19809
 800-499-7242 • Fax: 302-472-8529
 www.foxpointprg.com

NOTICE: THIS IS A CLAIMS-MADE FORM: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE COMPANY WHILE THE POLICY IS IN FULL FORCE. PLEASE REVIEW THE POLICY CAREFULLY. COVERAGE IS WRITTEN ON A SURPLUS LINES BASIS.

Name of Applicant _____
 Applicant Address _____

City _____
 State _____ Zip _____
 Tel (____) _____ Fax (____) _____

Rates below are for applicants generating gross revenues of \$200,000 or less annually. All policies are issued with a \$5,000 deductible. Firms with annual incomes in excess of \$200,000 should contact Fox Point Programs.

Select	Limit of Liability	Premium	Policy Fee (Required)	Total Due (Premium + Fee)
<input type="checkbox"/>	\$500,000/\$500,000	\$1,050.00	+\$100.00	\$1,150.00
<input type="checkbox"/>	\$1,000,000/\$1,000,000	\$1,200.00	+\$100.00	\$1,300.00

Email _____ Date Business Established _____ Federal ID Number _____ License Number _____

What background do the principals of this organization have in the Law Enforcement/Bail Industry? _____

Type of agent: Liable Non-Liable Property Certified CBA: Yes No

Total number of employees _____ (Please indicate breakdown below)

Bail Agents _____ Sub Agents _____ Recovery Agents _____ Clerical Employees _____ Other Employees _____

Do you use independent contractors? Yes No Do they carry their own insurance? Yes No

Annual gross receipts (not bond premium, your office sales) \$ _____ Annual number of bail bonds written _____ Average Dollar amount of a bail bond written \$ _____

Annual number of defendants apprehended by: Your Firm _____ Recovery Agents _____ You For Others _____

Are weapons used? Yes No If "Yes", list types: _____

Provide description of how/when used: _____

Do you write any other types of bond (ie: civil bonds, notary publics, investigator bonds, etc)? Yes No If "Yes", what types: _____

Previous professional liability insurer _____ Expiration date: _____

Have you incurred any professional liability losses over the past 3 years? Yes No If "Yes", please attach summary of losses.

Training: (please provide the number of hours of training for each category) Total number of annual training hours _____

On-the-job training _____ Classroom training _____ Other, describe: _____ hours _____

Pre-Employment Screening: Fingerprints ... Yes No Honesty Testing Yes No Prior Employer..... Yes No
 Drug Testing .. Yes No Psychological Testing... Yes No Personal Interview .. Yes No

Payment Option Check For Full Amount Due, Payable to: **Fox Point Programs, Inc.**

Date _____ Applicant's Authorized Signature _____

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.