

**NORTH CAROLINA DEPARTMENT OF INSURANCE  
APPOINTMENT OF SURETY BONDSMAN**

**NAME OF INSURANCE COMPANY** \_\_\_\_\_

**SURETY BONDSMAN APPOINTEE INFORMATION:**

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Last Name First Middle** \_\_\_\_\_ **Name of Managing General Agent** \_\_\_\_\_

**Residence Street Address** \_\_\_\_\_ **Street Address of Managing General Agent** \_\_\_\_\_

**Mailing Address (if different from above)** \_\_\_\_\_ **Mailing Address (if different from above)** \_\_\_\_\_

**City State Zip Code** \_\_\_\_\_ **County** \_\_\_\_\_ **City State Zip Code** \_\_\_\_\_

**Surety Bondsman E-mail Address** \_\_\_\_\_ **Managing General Agent E-mail Address** \_\_\_\_\_

**Home Telephone ( \_\_\_\_\_ )** \_\_\_\_\_ **Bus. Phone ( \_\_\_\_\_ )** \_\_\_\_\_

**Surety Bondsman Appointee NPN/License #** \_\_\_\_\_ **Principal County where license registered** \_\_\_\_\_

**Name of Supervising Bail Bondsman** \_\_\_\_\_ **Supervising Bail Bondsman NPN/License #** \_\_\_\_\_

**Supervising Bail Bondsman E-mail Address** \_\_\_\_\_

**ATTESTATION BY INSURANCE COMPANY**

The official signing below certifies the following:

- that the company has performed due diligence by performing background checks to verify appointee is trustworthy and financially responsible and meets all surety bondsman licensure qualifications of the North Carolina General Statutes;
- that our company shall cancel this surety bondsman's appointment with our company immediately if we are notified by a former insurer that this bondsman has failed to satisfy forfeitures and judgments, in a timely manner, on bonds written through their company;
- that the company will give its power of attorney to the surety bondsman appointed herein to execute or countersign bail bonds for such insurer;
- that the appointee has certified to the company that he/she is currently licensed as a surety bondsman in the State of North Carolina and is therefore exempt from initial licensing requirements;
- that the company is hereby requesting the Department of Insurance to register the appointee as a surety bondsman for said company and is affixing the corporate seal.

(Corporate Seal)

**Signature of Company Official** \_\_\_\_\_ **Company Name** \_\_\_\_\_

**Effective Date of Appointment** \_\_\_\_\_ **Date Signed** \_\_\_\_\_