

**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