

**SAFETY NATIONAL CASUALTY CORPORATION**  
**Bail Bond Department C/O Lowinger Surety Corp.**  
**7880 Washington Blvd Unit G, Elkridge, Maryland 21075**

**Phone: (410) 799-4445 Fax: (410) 799-4461**

Bail Bond Agent / Agency Application

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web Page \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of Spouse: \_\_\_\_\_ Spouse's Social Security Number: \_\_\_\_\_

Are you currently in the Bail Bond business? YES / NO If so, how long? \_\_\_\_\_ License No.: \_\_\_\_\_

Business Name: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name of Current Surety Company: \_\_\_\_\_

Outstanding Liability: \$ \_\_\_\_\_ Amount in Build Up Fund: \$ \_\_\_\_\_

Liability Written in the Last 12 Months: \$ \_\_\_\_\_ Current Open/Active Forfeitures: \$ \_\_\_\_\_

Counties Where You Will Write Bail: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

REFERENCES: Name, Address, Phone Numbers, of three references:

RE: TITLE 28 PRIVACY ACT, FREEDOM OF INFORMATION ACT, TITLE 6 FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508 In connection with my application for bail bond agency with Williams/Lowinger, I understand that investigative inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize, without reservation, any party or agency contacted by Williams to furnish the above mentioned information. I hereby consent to your obtaining the above information from Trans Union, National Information Network, or other source deemed necessary, and agree that such information you obtain, and my experience with you if I am contracted and appointed will be accessible through you by future companies to which I might apply.

Please sign and return this authorization along with your copied of your driver and insurance licenses and social security card via fax to 410-799-4461 or email at aaron@lowingersurety.com. Thank you.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**PERSONAL FINANCIAL STATEMENT**

Personal financial Statement as of \_\_\_\_\_

Assets:

Liabilities:

Cash on hand \$ \_\_\_\_\_

Mortgage \$ \_\_\_\_\_

Cash in Bank \$ \_\_\_\_\_

Auto Loans \$ \_\_\_\_\_

Stocks and Bonds \$ \_\_\_\_\_

Credit cards \$ \_\_\_\_\_

Other Assets List :

Notes Payable \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

IRS \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Other Loans List:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Real estate \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Life insurance cash value \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Investments list:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Assets: \$ \_\_\_\_\_

Total liabilities: \$ \_\_\_\_\_

Total Net Worth \$ \_\_\_\_\_

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>liability</b>	<b>Rate</b>	<b>BUF Rate</b>	<b>deposit</b>
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Notes: