

**AARON LOWINGER BAIL BONDS, INC.**  
**7880 WASHINGTON BLVD UNIT G**  
**ELKRIDGE, MARYLAND 21075**  
**(410) 799-4445 FAX (410) 799-4461**  
**Please print, Sign and fax this authorization to (410) 799-4461**  
**APPLICATION FOR BAIL BOND AGENCY**  
**(Please type of print)**

Name \_\_\_\_\_ Email \_\_\_\_\_

Name of Agency \_\_\_\_\_

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

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

Length at this address \_\_\_\_\_ Home Phone \_\_\_\_\_

Pager # \_\_\_\_\_ Cell # \_\_\_\_\_ Office# \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Driver Lic. # \_\_\_\_\_ Insurance Lic. # \_\_\_\_\_

Spouse Name \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_

Business Address \_\_\_\_\_

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

Are you presently in the Bail Bond Business? \_\_\_\_\_ Volume (Annual written liability) \_\_\_\_\_

How long? \_\_\_\_\_ Forfeiture ratio \_\_\_\_\_ BUF balance \_\_\_\_\_

Current Surety \_\_\_\_\_

List all Sureties or GA's with whom you have done business: \_\_\_\_\_

If not currently in the bail business provide your current occupation, employer's name, address, phone number.

I hereby authorize Lowinger Surety Corporation, D & L Insurance Agency, Inc. , and Williams National Surety Corp., (including any of its representatives, affiliates, agents or designees [collectively "you"]) to conduct any investigative inquiries pertaining to me including obtaining consumer reports, investigative consumer reports, audit reports, criminal records, driving records, and such other reports that it deems necessary. These inquiries and / or reports, may include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I authorize you to request and obtain information from any federal, state and other agencies which may 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 you to furnish the above mentioned information. I acknowledge the right to make a written to request Lowinger Surety Corp. within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I specifically consent to you obtaining the above information from U.S. Datalink, National Credit Information Network (W.D.I.A.), or other sources deemed necessary. I hereby agree to execute any additional documentation necessary to confirm this instruction and authorization. This signed Questionnaire & Application (including any copy of the same) shall serve as written instruction and authorization on my behalf to any company to provide the requested information.

In Witness Whereof, I have signed this Bail Agents questionnaire & Application,  
This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_.

Witness:

(SEAL)

## PERSONAL FINANCIAL STATEMENT

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

**Assets:**

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

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

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

**Other Assets List :**

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

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

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

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

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

**Investments list:**

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

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

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

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

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

**Liabilities:**

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

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

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

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

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

**Other Loans List:**

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

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

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

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