
A P P L I C A T I O N
2019 MACOMB COUNTY BAIL BOND AGENT LIST

Agency Name

Agency's Mailing Address

Address Line 2

City, State, Zip

Phone Number(s) (UP TO TWO NUMBERS MAY BE LISTED)

Email Address

<hr/> <p>Name of 1st Insurance Company that Insures Agent's Bonds</p> <hr/> <p>Address of 1st Insurance Company</p> <hr/> <p>Address Line 2</p> <hr/> <p>City, State, Zip</p> <hr/> <p>Bond Limit – Insurance Company 1</p>	<hr/> <p>Name of 2nd Insurance Company that Insures Agent's Bonds</p> <hr/> <p>Address of 2nd Insurance Company</p> <hr/> <p>Address Line 2</p> <hr/> <p>City, State, Zip</p> <hr/> <p>Bond Limit – Insurance Company 2</p>
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INSTRUCTIONS:

**LIST ALL AUTHORIZED AGENTS ON NEXT PAGE.
ATTACH THE FOLLOWING TWO DOCUMENTS FOR EACH AGENT LISTED:**

**Qualifying power of attorney from the insurance company that insures agent's bonds
and
Printout of current license status from the State of Michigan DLEG-OFIS website for each agent.
<http://difs.state.mi.us/locators?searchtype=InsAgent>
(YOUR LICENSE STATUS PRINTOUT MUST BE DATED WITHIN THE LAST 30 DAYS OF SUBMITTING APPLICATION)**

**APPLICATIONS DUE IN OUR OFFICE ON OR BEFORE MONDAY, OCTOBER 1, 2018.
LATE APPLICATIONS AND APPLICATIONS WITH MISSING DOCUMENTATION WILL NOT BE CONSIDERED.**
