

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

SEND TO: NCDOI/PEARSON VUE
PO Box 14209
Raleigh, NC 27620

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 NCDOI Permit #	Principal County where license registered
Name of Supervising Bail Bondsman	Supervising Bail Bondsman NCDOI Permit #
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