JOHN D. DOAK, COMMISSIONER/OKLAHOMA INSURANCE DEPARTMENT
3625 NW 56th Street, Suite 100, Oklahoma City, Oklahoma 73112-4511
ALL FEES ARE BY LAW DEEMED EARNED AND NON-REFUNDABLE

Appointment is valid until canceled. Appointment fee is $10.00 for surety company and professional.

BAIL BOND

ENTER BAIL BONDSMAN LICENSE NUMBER _____

Bail Bondsman:

PLEASE ENTER
Surety ☐
New Appt. ☐
Amended Appt. ☐

Name: _____
(Last) (First) (Middle)

Mailing Address: _____

_____

_____
Surety Co NAIC # / Prof Lic # / MCA Lic#

County: _____

SURETY COMPANY/PROFESSIONAL/MULTI COUNTY AGENT ENDORSEMENT

	Yes	No
1. Are you aware if the Bail Bondsman has been convicted of, pled guilty or nolo contendere to, a felony or a misdemeanor involving moral turpitude of dishonesty? If answer is "Yes", explain on a separate sheet of paper.	☐	☐
2. Has this Bail Bondsman committed a violation of any State bail bond Law, or do you believe that he has violated or may be currently violating any such law? If answer is "Yes", explain on a separate sheet of paper.	☐	☐

3. Please provide the name, address and license number of the Managing General Agent through which Bail Bondsman will be working. _____

_____

4. A) Will this be a liable agent to the Surety Company/Prof/MCA? _____
   If yes, percentage of liability. _____
   B) Will this be a liable agent to the Managing General Agent? _____
   If yes, percentage of liability. _____

5. I have included an original power of attorney and an employment agreement for the agent to act under my professional license.	☐	☐
6. I have investigated his (her) character and background and am satisfied that he (she) is trustworthy and qualified to represent the Surety Company/Prof/MCA in Oklahoma. I hereby certify the individual named above is duly appointed as indicated from the date accepted by the Insurance Department, and I accept full responsibility for his/her actions.	☐	☐

7. Must include an affidavit from the Bail Bondsman regarding premiums, forfeitures and fees. See 59 O.S. 1317(C).

Dated this _____ day of _____, _____

Surety Company/Prof/MCA _____

Mailing Address _____

_____

Check No. _____ for $ _____

_____
(Signature Agent)

_____
(Authorized Signature of Surety Co/Prof/MCA)

Name (Print) _____

Title (Print) _____

FOR INSURANCE DEPARTMENT USE ONLY

☐ APPROVED

☐ NOT APPROVED FOR THE FOLLOWING REASON:

A. Not Licensed for _____

B. Items(s) _____ on Surety Company/Prof/MCA Endorsement unanswered.

C. Signature on Company/Professional/MCA Endorsement not authorized.

D. Other: _____

_____

IF THIS APPOINTMENT IS DISAPPROVED FOR ANY REASON, A NEW BR-11 AND FEE ARE REQUIRED.

Accepted Returned

Processed by: _____ Date _____