

ALLEGAN COUNTY BONDING AGENCY APPLICATION AND AFFIDAVIT

Any bonding agency that desires to engage in the business of becoming a surety upon bonds backed by insurance in criminal cases in the County of Allegan shall complete and submit for approval the following application and provide supporting documents as noted.

Submit to: Circuit Court Administrator
113 Chestnut Street
Allegan, MI 49010

APPLICATION

1. Bonding Agency Name: _____
2. Bonding Agency Address: _____

3. Bonding Agency Telephone Number: _____
4. Official Communications Mailing Address: _____

5. Official Communications Email Address: _____
6. Agent Information: (use additional sheets if necessary)

AGENT NAME	INSURANCE COMPANY	\$ AMOUNT AUTHORIZED

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7. Attach the following supporting documentation:
- a. Power of Attorney, with seal from the insurance company authorizing the company's agents to post bonds in the company name;
 - b. Michigan Department of Labor & Economic Growth Certificate of Authority for each insurance company;
 - c. Bond Agent Application and Affidavit for each agent listed (form 001);
 - d. Michigan Department of Labor & Economic Growth Certificate of Good Standing for each agent listed;
 - e. Copy of each listed agent's driver's license.

AFFIDAVIT

I, the undersigned applicant, being duly sworn, hereby attest that the statements made on this form are true. I shall promptly notify the court in writing of any change of information contained in this application.

Title of Applicant

Printed Name of Applicant

Dated: _____

Signature of Applicant

Subscribed and sworn to before me on (date) _____, _____ County, Michigan. My commission expires (date) _____.

Signature: _____

Notary public, State of Michigan, County of _____.