



**PROFESSIONAL BAIL AGENTS
OF THE UNITED STATES—
BAIL AGENT PROFESSIONAL LIABILITY
AND GENERAL LIABILITY APPLICATION
RISKS WITH ANNUAL REVENUES OF \$500,000 OR LESS**

Return Applications to:
FOX POINT PROGRAMS, INC.
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NOTICE: THE PROFESSIONAL LIABILITY POLICY FOR WHICH YOU ARE APPLYING IS WRITTEN ON A CLAIMS-MADE AND REPORTED BASIS. ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE COMPANY DURING THE POLICY PERIOD ARE COVERED SUBJECT TO THE POLICY PROVISIONS. THE LIMITS OF LIABILITY STATED IN THE POLICY ARE REDUCED, AND MAY BE EXHAUSTED, BY CLAIMS EXPENSES. CLAIMS EXPENSES ARE ALSO APPLIED AGAINST YOUR DEDUCTIBLE, IF APPLICABLE. THE GENERAL LIABILITY POLICY IS WRITTEN ON AN OCCURRENCE BASIS

RATES SHOWN BELOW ARE FOR APPLICANTS GENERATING GROSS REVENUES OF \$500,000 OR LESS ANNUALLY AND POSSESSING THE FOLLOWING RISK CHARACTERISTICS:

- Does not provide Fugitive Recovery or Skip Tracer-related services for any other person for whom you have **not** issued a bail bond
- Is a member of the Professional Bail Agents of the United States (PBUS) Association
- Must reside in **NC**
- Has had no claims activity over the past 3 years

STEP 1 DETERMINE COVERAGES/LIMIT REQUIRED:

(A \$5,000 DEDUCTIBLE APPLIES TO ALL OPTIONS)

Limit of Liability	Bodily Injury/Property Damage Sub-Limit	PROFESSIONAL LIABILITY ONLY		PROFESSIONAL LIABILITY PLUS GENERAL LIABILITY (*)	
		ANNUAL REVENUE		ANNUAL REVENUE	
		\$150,000 Or Less	\$150,001 to \$500,000	\$150,000 Or Less	\$150,001 to \$500,000
\$250,000/\$250,000	\$100,000	\$ 750.00	\$1,000.00	\$1,500.00	\$2,000.00
\$500,000/\$500,000	\$250,000	\$1,000.00	\$1,250.00	\$2,000.00	\$2,500.00
\$1,000,000/\$1,000,000	\$250,000	\$1,250.00	\$1,500.00	\$2,500.00	\$3,000.00

* General Liability can only be purchased with Professional Liability - it is not available on a stand-alone basis. The Bodily Injury/Property Damage Sub-Limits apply for the Professional Liability policy only. Defense costs for General Liability are outside the policy's limits; no deductible applies

STEP 2 SELECT OPTIONAL COVERAGES:

Select	COVERAGE	Description	Premium Charge
	Independent Contractors	Expands coverage to include up to 3* independent contractors working under Applicant's direction. Applicable to Professional Liability Only <i>*Please complete full application if coverage for more than 3 independent contractors is required</i>	\$150.00
	GPS Monitoring	Expands coverage to include an additional sub-limit of \$250,000 for GPS monitoring services used to monitor your clients that you have issued a bail bond. Applicable to Professional Liability Only	\$150.00

STEP 3 CALCULATE FINAL PREMIUM DUE:

SELECTED COVERAGE FROM STEP 1	SELECTED OPTION(S) FROM STEP 2	POLICY TAXES AND FEES (REQUIRED)	TOTAL AMOUNT DUE
\$	+ \$	+ \$ 350.00	= \$

GENERAL INFORMATION

- A. Name of Applicant _____
 Applicant Address _____
 Tel (____) _____ Fax (____) _____ E-Mail _____
- B. Date Business Established ____/____/____ Federal ID Number _____ License Number _____
- C. Is the Applicant a member of PBUS? Yes No NOTE: Rates shown above are exclusively for **PBUS** members. **Applicants not belonging to this organization should contact Fox Point Programs.**
- D. Prior Acts coverage required? Yes No If "Yes", please specify retro-date ____/____/____
NOTE: Proof of previous insurance is required if elected.

FINANCIAL AND BUSINESS INFORMATION

A. Provide gross annual revenues. **Amounts shown in the Gross Revenues column should reflect the amount retained by the Applicant after payment of premium to Insurance Carrier and after payment to Build Up Fund, but before payment of any claims.**

	<u>Gross Annual Revenues</u>	<u>Other Revenues</u>	<u>Total Annual Revenues</u>
Prior Year _____	\$ _____	\$ _____	\$ _____
Current Year _____	\$ _____	\$ _____	\$ _____
Projected Next Year _____	\$ _____	\$ _____	\$ _____

B. What background do the principals have in the Law Enforcement/Bail Industry?

Type of agent: Liable Non-Liable Property Certified CBA: Yes No

Total number of employees _____ (Please indicate breakdown below)

Bail Agents _____ Sub Agents _____ Recovery Agents _____ Clerical Employees _____ Other Employees _____

Do you use independent contractors? Yes No Do they carry their own insurance? Yes No

Annual gross receipts (not bond premium, your office sales) \$ _____ Annual number of bail bonds written _____ Average Dollar amount of a bail bond written \$ _____

Annual number of defendants apprehended by: Your Firm _____ Recovery Agents _____ You For Others _____

Are weapons used? Yes No If "Yes", list types: _____

Provide description of how/when used:

Do you write any other types of bond (ie: civil bonds, notary publics, investigator bonds, etc)? Yes No

If "Yes", what types: _____

Previous professional liability insurer _____ Expiration date: ____ / ____ / ____

Have you incurred any professional liability, property damage, or bodily injury losses over the past 3 years?

Yes No If "Yes", please attach summary of losses.

Training: (please provide the no. of hours of training for each category) Total number of annual training hours _____

On-the-job training _____ Classroom training _____ Other describe: _____ hours _____

Pre-Employment Screening:

Fingerprints Yes No Honesty Testing Yes No Prior Employer Yes No
 Drug Testing Yes No Psychological Testing ... Yes No Personal Interview. ... Yes No

Date ____ / ____ / ____ Applicant's Authorized Signature _____

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.



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AUTHORIZATION TO CHARGE INSURANCE PREMIUM

**** PLEASE BE SURE TO AUTHORIZE THIS CHARGE WITH YOUR BANK PRIOR TO BINDING ****

INSURED NAME (AS IT APPEARS ON YOUR APPLICATION/POLICY)

___ VISA

___ MASTERCARD

___ AMERICAN EXPRESS

(IF USING A DEBIT CARD, IT MUST HAVE A LOGO; EXAMPLE: VISA)

\$ _____

AMOUNT BEING CHARGED

(IF FINANCING, PLEASE SHOW DOWN PAYMENT AMOUNT)

***NOTE: It may take up to 2 weeks before your credit card is charged, depending upon the date we receive your binder from the carrier.**

CREDIT CARD NUMBER

EXP. DATE

CVV CODE
(3 Digit code on the back of the card)

CARDHOLDER NAME & ADDRESS:

CARDHOLDER SIGNATURE

DATE