



**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.**  
3001 Philadelphia Pike  
Claymont, DE 19703  
Tel: 800-499-7242  
Fax: 844-274-1253  
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www.pb-us-eo.com

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
- 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. <b>Applicable to Professional Liability Only</b> <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. <b>Applicable to Professional Liability Only</b>	\$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
\$	+ \$	+ \$ 250.00	= \$

**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:  Liabile  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