

INTERNATIONAL CREDIT OF NORTH AMERICA REINSURANCE INC.

Bail Bond Department

P.O. Box 4376 Davenport, IA 52808-4376

Phone: (563) 326-5366 Fax: (563) 326-2103

APPLICATION FOR BAIL BOND AGENCY

Name: _____ Home Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Name of Spouse: _____ Spouse's Social Security Number: _____

Are you currently in the Bail Bond business? YES / NO If so, how long? _____ License No.: _____

Business Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Business Phone: () _____ Mobile Phone: () _____ Fax: () _____

Name of Current/Former Surety Company: _____

Outstanding Liability: \$ _____ Amount in Build Up Fund: \$ _____

Liability Written in the Last 12 Months: \$ _____ Current Open/Active Forfeitures: \$ _____

Counties Where You Will Write Bail: _____

How did you hear about us? _____

REFERENCES: Name:

Address:

Phone Numbers:

Name:	Address:	Phone Numbers:

RE: TITLE 28 PRIVACY ACT, FREEDOM OF INFORMATION ACT, TITLE 6 FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508

In connection with my application for bail bond agency with Williams, I understand that investigative inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by Williams to furnish the above mentioned information.

I hereby consent to your obtaining the above information from Trans Union, National Information Network, or other source deemed necessary, and agree that such information you obtain, and my experience with you if I am contracted and appointed will be accessible through you by future companies to which I might apply.

Please sign and return this authorization. Thank you.

Date: _____ Signature: _____