A P P L I C A T I O N 2024 MACOMB COUNTY BAIL BOND AGENT LIST

INSTRUCTIONS:

- 1. COMPLETE THIS FORM AND LIST ALL YOUR AUTHORIZED AGENTS ON NEXT PAGE
- 2. ATTACH THE FOLLOWING TWO DOCUMENTS FOR EACH AGENT LISTED:
 - Qualifying power of attorney from the insurance company that insures agent's bonds
 - Printout of current license status from the State of Michigan DLEG-OFIS website for each agent https://difs.state.mi.us/locators?searchtype=InsAgent

(LICENSE STATUS PRINTOUT MUST BE DATED WITHIN THE LAST 30 DAYS OF SUBMITTING APPLICATION)

Agency Name	
Address Line 2	
Address Line 2	
City, State, Zip	
Phone Number(s) (UP TO TWO NUMBERS MAY BE LISTED)	
Thome Number (b) (of To Two No. Number of Market BE Elisted)	
Email Address	
Email Address	
Email Address Name of 1st Insurance Company that Insures Agent's Bonds	Name of 2nd Insurance Company that Insures Agent's Bonds
	Name of 2nd Insurance Company that Insures Agent's Bonds Address of 2nd Insurance Company
Name of 1st Insurance Company that Insures Agent's Bonds Address of 1st Insurance Company	Address of 2nd Insurance Company
Name of 1st Insurance Company that Insures Agent's Bonds	
Name of 1st Insurance Company that Insures Agent's Bonds Address of 1st Insurance Company	Address of 2nd Insurance Company
Name of 1st Insurance Company that Insures Agent's Bonds Address of 1st Insurance Company Address Line 2	Address of 2nd Insurance Company Address Line 2

LATE APPLICATIONS WILL NOT BE CONSIDERED

APPLICATIONS WITH MISSING DOCUMENTATION WILL NOT BE CONSIDERED

OUTSTANDING JUDGMENTS MUST BE PAID IN FULL

Last Name	First Name	Insurance Company	Amount Qualified to Write Bonds For:	Current Proof of License and POA attached?