

Bail Surety Company Annual Report

Pursuant to CGS 38a-660 Sec 3(d) not later than January thirty-first, annually, each insurer shall file with the Commissioner a statement certifying the total amount of bail bonds executed by such insurer and the total amount of premiums collected by such insurer on such bail bonds in the calendar year preceding.

Company Information:

Surety Company Name: _____

NAIC or License Number: _____

Officer/Director Printed Name:

Contact Phone Number: _____

Email Address: _____

Company Mailing Address:

Bail Agent Information:

Total number of appointed bail agents in the state as of the date this report is filed with the Department:

Total number of bonds written for the Surety Company in the state of Connecticut:

Total face amount of bonds written:

Total dollar amount of premium collected:

Number of premium finance agreements entered into by appointed bail agents:

Number of audits conducted for the year:

MY SIGNATURE BELOW CONFIRMS THAT PROPER PREMIUMS HAVE BEEN CHARGED FOR BONDS EXECUTED IN THE STATE OF CONNECTICUT.

I CERTIFY UNDER PENALTY OF PERJURY, THAT I AM THE PERSON NAMED HEREIN AND THAT ALL INFORMATION SUBMITTED ON THIS ANNUAL REPORT FORM IS TRUE AND COMPLETE. I ATTEST THAT I HAVE THE AUTHORITY AND CAPACITY TO EXECUTE THIS CERTIFICATION. I AM AWARE THAT SUBMITTING FALSE INFORMATION OR OMITTING PERTINENT OR MATERIAL INFORMATION IN CONNECTION WITH THIS REPORT IS GROUNDS FOR ADMINISTRATIVE SANCTION BY THE DEPARTMENT.

Signature of Company Officer or Authorized Representative

Title: _____ Date: _____

Phone Number: _____

Email Address: _____