Instructions

Audits which have findings:

The surety company audit findings report form should be utilized to submit the required reports of violations/discrepancies. Please complete this form and attach all relevant documents, including copies of letters/notifications sent to the agent, as well as complete copies of the files reviewed which were found to be deficient.

The form contains sections to include the specific power number, case/docket number and defendant names on those files for which issues have been identified.

If information is not available, please complete the form with as much detail as possible. If available, however, all requested information must be provided.

If possible, Companies should obtain sign-off from their agents acknowledging that all documents have been provided during the audit and none remain outstanding. Please see attached “SURETY COMPANY BAIL BOND AGENT SEMI-ANNUAL AUDIT ACKNOWLEDGEMENT FORM”.

Audits which have found no discrepancies:

Should no issues have been found, please provide only the last page of this form titled SURETY COMPANY SEMI-ANNUAL AUDIT "NO FINDINGS" REPORT FORM as the submission.

If you have questions, please contact the Fraud & Investigations Unit at 860-297-3933 or by email at Bailbonds@Ct.Gov
Surety Company Audit Findings Report Form

Business Name of Reporting Surety Company:

________________________________________________________________________

NAIC Number: _________________ Date audit was completed: _________________

Contact Name: ____________________________________________________________

Contact Phone Number: ____________________________________________________

Contact Email: ____________________________________________________________

Timeframe(s) which audit reviewed: __________________________________________

Was a letter of notification sent to the agent advising of the audit? Yes ___ No _____
(If yes, please attach copy with this form.)

Was a signed acknowledgement obtained from agent? Yes_____ No _____
(If yes, please attach copy with this form)

Was an audit final report provided to the agent and/or general managing agent?
Yes_____ No _____ If yes, please attach copy with this form).

Total Number of Bail Bond Agents Currently Appointed with Company: _____________

Total Number of Bail Bond Agents Reviewed During Audit Period: ________________
Issues identified (check all that apply):

___ Failure to collect full premium  ___ Failure to maintain receipts

___ Failure to obtain defendant authorization  ___ Failure to keep records

___ Other: (Please Explain)  ___ Failure to return collateral

Name of Surety Bail Bond Agent: __________________________________________

License Number: _____________________________

Bail Bond Agent Business Name (if applicable):

Brief description of findings and possible violations (please attach copies of relevant file
documents with statement):

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
STATE OF CONNECTICUT
INSURANCE DEPARTMENT

RELEVANT CASE SHEET:

A:
Name of Defendant: _____________________________________________

Related Case/Docket Number(s):
________________________________________________________________
________________________________________________________________
________________________________________________________________

Power Number(s):
________________________________________________________________
________________________________________________________________

Date Power Number Executed: _________________________________

***************

B:
Name of Defendant: _____________________________________________

Related Case/Docket Number(s):
________________________________________________________________
________________________________________________________________
________________________________________________________________

Power Number(s):
________________________________________________________________
________________________________________________________________

Date Power Number Executed: _________________________________

***************
RELEVANT CASE SHEET:

C:
Name of Defendant: ____________________________________________

Related Case/Docket Number(s):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Power Number(s):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Date Power Number Executed: _______________________________________

***************

D:
Name of Defendant: ____________________________________________

Related Case/Docket Number(s):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Power Number(s):
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Date Power Number Executed: _______________________________________

(ATTACH ADDITIONAL SHEETS IF NECESSARY)
SURETY COMPANY BAIL BOND AGENT
SEMI-ANNUAL AUDIT
ACKNOWLEDGEMENT FORM

Semi-Annual Surety Company Audit Completion Acknowledgement

By signing my name below, I acknowledge that during the course of this audit by my Surety Company, I have supplied all true and complete files, records and documents relative to the cases and dates examined.

I acknowledge that no other documents are outstanding or have been withheld.

I also acknowledge that the full and complete files have been returned to my possession by the company representatives who conducted the examination.

PRINTED NAME: ____________________________

DATE: ___________ LICENSE NUMBER: ___________________________

SIGNATURE: ____________________________________________

I CERTIFY UNDER PENALTY OF PERJURY, THAT I AM THE PERSON NAMED HEREIN AND THAT ALL INFORMATION SUBMITTED ON THIS 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.

SURETY COMPANY NAME: ____________________________

NAIC NUMBER: ___________ DATE AUDIT COMPLETED: ___________

AUTHORIZED COMPANY REPRESENTATIVE NAME: ____________________________
SURETY COMPANY SEMI-ANNUAL AUDIT
"NO FINDINGS" REPORT FORM

**Use this form ONLY to report that there were no discrepancies detected during the audit period.

This form is being utilized to Report to the Connecticut Insurance Department that the Surety Company Named herein has conducted an audit for which no violation under 38a-660 has been found. The Company named herein is reporting to the Department that the bail bond agents audited by the company charged correct premium for the time period reviewed.

NAME OF SURETY COMPANY ________________________________

NAIC NUMBER ___________________ DATE AUDIT COMPLETED ____________

TIME PERIOD REVIEWED DURING AUDIT ________________________

NUMBER OF CURRENTLY APPOINTED BAILBOND AGENTS __________

NUMBER OF BAIL BOND AGENTS REVIEWED DURING AUDIT __________

NAME OF REPORTING PERSON ________________________________

TITLE ______________________________________________________

PHONE __________________ EMAIL __________________________

SIGNATURE ____________________________

I CERTIFY UNDER PENALTY OF PERJURY, THAT I AM THE PERSON NAMED HEREIN AND THAT ALL INFORMATION SUBMITTED ON THIS 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.