

Address: 204 S. Highlander Way, Howell, MI 48843

Court Telephone No. (517)540-7531

Any bonding agency that desires to engage in the business of becoming surety upon bonds backed by insurance in criminal cases in the County of Livingston shall complete and submit the following application and provide supporting documents as noted. Please submit to the attention of Circuit Court Administration.

Application

1. Bonding Agency Name: _____
2. Bonding Agency Address: _____
3. Bonding Agency Telephone: _____
4. Bond Agency Email Address (for court ordered forfeitures and other notices): _____
5. **Agency Mailing Address for Official Communication for All Agents:** _____

6. Agent Information:

Agent Name	Insurance Company(ies)	Amount Authorized By insurance
		Up to \$
		Up to \$
		Up to \$
		Up to \$
		Up to \$
		Up to \$
		Up to \$
		Up to \$

1. **Attach the following supporting documentation:**
 - a. Agency License (must include DBA or Assumed Name if applicable).
 - b. Power of Attorney, with seal from the insurance company authorizing the company's agents to post bonds in the company's name
 - c. Michigan Department of Labor and Economic Growth Certificate of Authority for each insurance company.
 - d. Form LC4402 *Bond Agent Application and Affidavit* for each agent listed above.
 - e. Michigan Department of Labor and Economic Growth License or Certificate of Good Standing for each agent listed.
 - f. Valid Driver's License or Michigan ID

Affidavit

I, the undersigned applicant, being duly sworn, hereby attest that the statements made on this "Bonding Agency Application and Affidavit" are true. I shall promptly notify the court in writing of any change of information contained in this application.

Date: Printed Name of Applicant Signature of Applicant

Subscribed and sworn to before me on _____, _____ County, Michigan

My Commission expires: _____ Signature: _____
Date Deputy Clerk/Register/Notary Public

Notary public, State of Michigan, County of: _____

State of Michigan
44TH Circuit Court
Livingston County

Bond Agent Application and Affidavit

Address: 204 S. Highlander Way Suite 5 Howell, MI 48843

Court Telephone No. (517)540-7531

Pursuant to the provision of MCL 750.167b (4), we respectfully submit _____
to remain/added to the list of persons engaged in the business of becoming surety upon bonds for
compensation in criminal cases in the County of Livingston.

Application

1. Applicant's Full Name: _____
2. Applicant's Date of Birth: _____
3. Applicant's Driver's License: _____
4. Agency Name: _____
5. Agency License ID Number: _____
6. Business Telephone Number: _____

Address for Official Communication (must be the same as the address for official communication
included on the Bonding Agency's Application: _____

Affidavit

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Notary public, State of Michigan, County of: _____

State of Michigan 44 TH Circuit Court Livingston County	Bond Agent Application and Affidavit
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