



CHARITABLE BAIL ORGANIZATION CERTIFICATE INSTRUCTIONS

I. Background

Insurance Law § 6801(a)(2) prohibits any person, firm, or corporation from engaging in a bail business in New York State unless such person or entity is a corporation authorized to write fidelity and surety insurance and to do a bail business pursuant to Article 11 of the Insurance Law or is a charitable bail organization holding a certificate issued by the Superintendent of Financial Services (“Superintendent”) pursuant to Insurance Law § 6805.

Insurance Law § 6802(a) prohibits any person, firm, or corporation, or any officer or employee thereof, from acting as an agent or solicitor of a charitable bail organization doing a bail business, in soliciting, negotiating, or effectuating any deposit or bail bond by the charitable bail organization unless licensed by the Superintendent as a bail agent.

A. Qualifications

To obtain a certificate, a charitable bail organization applicant must be:

1. a non-profit organization organized pursuant to U.S. Internal Revenue Code § 501(c)(3); and
2. registered as a charity pursuant to Article 7-A of the Executive Law and current on such registration.

The Superintendent may refuse to issue a certificate if the Superintendent determines that the applicant or an officer, director, trustee, or executive personnel of the applicant has:

1. demonstrated untrustworthiness or incompetence;
2. given cause for the revocation or suspension of the certificate; or
3. failed to comply with any prerequisite for the issuance of the certificate.

B. Authority

A certified charitable bail organization only may deposit money as bail:

1. in the amount of \$2,000 or less for a defendant charged with one or more misdemeanors, provided that the organization cannot execute as surety any bond for any defendant;

2. on behalf of a person who is financially unable to post bail; and
3. in one county in New York, unless its principal place of business is located within a city with a population of one million or more (i.e., New York City), in which case the organization may deposit money as bail in all of the counties comprising the city.

A certified charitable bail organization may not charge a premium or receive compensation for acting as a charitable bail organization.

C. Certificate Term

A charitable bail organization certificate will be valid for a term of five years from issuance. If an applicant for a renewal certificate files an application before the expiration of the certificate, then the certificate will continue in full force and effect either until the Superintendent issues the renewal certificate or until five days after the Superintendent refuses to issue the renewal certificate.

II. How to Apply

A. Application

To obtain a charitable bail organization certificate, an applicant must submit:

1. a fully completed application for charitable bail organization certificate, including all applicable attachments;
2. a check in the amount of \$1,000.00 made payable to the “Superintendent of Financial Services,” and
3. mail to New York State Department of Financial Services, Licensing Bureau, One Commerce Plaza, Albany, NY 12257

Note that the Department will charge \$20.00 for each check dishonored by the bank.

B. Fingerprinting

All officers, directors, trustees, and executive personnel of the applicant must be fingerprinted. Please use the following link to obtain updated information on the fingerprinting process: <http://www.dfs.ny.gov/insurance/iindx.htm>. Once on this page, select Electronic Fingerprinting for Officers and Directors.

**ORIGINAL/RECERTIFICATION
NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES**

Attention: Licensing Bureau
One Commerce Plaza
Albany, New York 12257

**APPLICATION FOR CHARITABLE BAIL ORGANIZATION CERTIFICATE
UNDER INSURANCE LAW SECTION 6805**

<http://www.dfs.ny.gov>

FOR DEPT USE ONLY

Certificate No. _____	
Ex. By _____	App. By _____
Issued _____	Expires _____
Original _____	Recertification _____

1. Name of Applicant: _____					Fed. Employer ID No. *
Name in Full					
Principal Business Address (required): _____					
Street and No. (required)			P.O. Box (if any)		
City, Town, or Village	County	State	Zip Code	Telephone No.	
Mailing Address: _____					
(required) (indicated if same as business)					
City, Town, or Village	County	State	Zip Code	Website Address	

(If either address changes, then the applicant must notify this Department in writing immediately.)

2. Indicate if the applicant is a: _____ Corporation _____ Unincorporated Association _____ Community Chest
_____ Fund _____ Foundation _____ Other (please specify) _____

3. List all officers, directors, trustees, and executive personnel and provide the information requested below. (Attach additional sheets if necessary.)

a. Name (Last, First, M.I.)	Title	Social Security No.	Date of Birth	Sex M ___ F ___
Residence: No. and Street (required)	P.O. Box (if any)	City	State	Zip Code

b. Name (Last, First, M.I.)	Title	Social Security No.	Date of Birth	Sex M ___ F ___
Residence: No. and Street (required)	P.O. Box (if any)	City	State	Zip Code

c. Name (Last, First, M.I.)	Title	Social Security No.	Date of Birth	Sex M ___ F ___
Residence: No. and Street (required)	P.O. Box (if any)	City	State	Zip Code

d. Name (Last, First, M.I.)	Title	Social Security No.	Date of Birth	Sex M ___ F ___
Residence: No. and Street (required)	P.O. Box (if any)	City	State	Zip Code

4. Provide the name(s), title(s), date(s) of birth, and New York bail agent license number(s) (if applicable) of the individual(s) who will be authorized to appoint and terminate bail agents on behalf of the applicant (attach additional sheets as necessary):

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

5. List the county or counties in which the applicant intends to deposit money as bail: _____

6. Attach a copy of the applicant's trust instrument, corporate charter, articles of incorporation, articles of association, or other written instrument by which the applicant is created under state law.

7. Attach evidence of the applicant's tax exempt status pursuant to Internal Revenue Code Section 501(c)(3).

8. Attach evidence that the organization is registered as a charity pursuant to Executive Law Article 7-A.

9. Complete and submit the attached attestation for each individual named in item 3 above.

10. Applicant agrees that any action or proceeding brought against it in New York State for or on account of any act or transaction made in connection with its charitable bail business may be served upon (check one box):

A. If applicant's principal business address is **not** in New York State, then serve applicant at the following **New York State** address:

Name of Applicant
Attention: _____

Number and Street

City State Zip Code

B. Agent for service of process at the following New York State address:

Name of Applicant
Attention: _____

Number and Street

City State Zip Code

11. If any of the following questions are answered "yes," then please attach an explanation.

(a) Has the applicant ever been convicted of a crime, had a judgment withheld or deferred, or is the applicant currently charged with committing a crime?.....

Yes or No

"Crime" includes a misdemeanor, felony or a military offense. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

- (b) Has the applicant ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?..... _____
Yes or No

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license or registration. “Involved” also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
- (c) Has any demand been made or judgment rendered against the applicant for overdue monies by an insurer, insured or producer, or ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they involve funds held on behalf of others..... _____
Yes or No
- (d) Has the applicant ever been notified by any jurisdiction to which the business entity is applying of any delinquent tax obligation that is not the subject of a repayment agreement?..... _____
Yes or No

If you answer yes, identify the jurisdiction(s): _____
- (e) Is the applicant a party to, or ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?..... _____
Yes or No
- (f) Has the applicant ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?..... _____
Yes or No

12. RECERTIFICATION APPLICANTS MUST ANSWER THIS QUESTION.

Since expiration of its last certificate, has the applicant transacted a charitable bail business in New York State?..... _____
Yes or No

Applicant Certification and Attestation

The undersigned hereby certifies under penalty of perjury that:

- all of the information submitted in this application is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for certificate revocation and may subject the applicant and me to civil or criminal penalties;
- where required by law, the applicant hereby designates the New York State Superintendent of Financial Services to be its agent for service of process regarding all charitable bail matters in New York State and agrees that service upon the Superintendent is of the same legal force and validity as personal service upon the applicant;
- the applicant grants permission to the New York State Superintendent of Financial Services to verify any information supplied with any federal, state, or local government agency;
- the New York State Superintendent of Financial Services is hereby authorized to give any information the Superintendent may have concerning the applicant to any federal, state, or local agency, or any other organization as references in New York Insurance Law Section 110, and the Superintendent, and any other person acting on the Superintendent’s behalf, are hereby released from any and all liability of whatever nature by reason of furnishing such information; and
- it is acknowledged that the applicant understands and complies with the applicable provisions of the New York Insurance Law and regulations promulgated thereunder.

 Name of Applicant

 Date

 Signature of Officer, Director, Trustee, or Executive Personnel

 Email Address of Officer, Director, Trustee, or Executive Personnel

*** PRIVACY NOTIFICATION ***

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your social security number and/or employer identification number. Your failure to respond may be reported to the New York State Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation and Finance to identify entities that are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the New York Tax Law. They will be maintained by the Director of the Licensing Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.



CHARITABLE BAIL ORGANIZATION

ATTESTATION OF OFFICER, DIRECTOR, TRUSTEE,
OR EXECUTIVE PERSONNEL

Full name and address of charitable bail organization applicant:

In connection with the above named charitable bail organization applicant, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS “NO” or “NONE”, THEN SO STATE.

1. Full name: _____

2. a. Have you ever changed your name? _____

If “yes,” then please give the reason for the change:

b. Other names used at any time: _____

3. Social security number: _____

4. Date and place of birth: _____

5. Business address: _____

6. Business telephone number: _____

7. Present/proposed position with the charitable bail organization applicant:

8. Are you under any obligation to pay child support?.....

Yes or No

If “yes,” then please attach a completed and signed child support obligation form.

9. If any of the following questions are answered “yes,” then please attach an explanation.

Other than traffic violations:

(a) Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?.....

Yes or No

“Crime” includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (“DUI”) or driving while intoxicated (“DWI”), driving without a license, reckless driving, or driving with a suspended or revoked license, and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence, or a fine.

(b) Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license, certification, or registration?...

Yes or No

“Involved” means having a license, certification, or registration censured, suspended, revoked, canceled, or terminated; being assessed a fine; being subject to a cease and desist order, a prohibition order, or a compliance order; being placed on probation; being sanctioned; surrendering a license, certification, or registration to resolve an administrative action; being named as a party to an administrative or arbitration proceeding that is related to a professional or occupational license, registration, or certification; or having a license, registration, or certification application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

(c) Has any demand been made or judgment rendered against you for overdue monies, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they involve funds held on behalf of others.....

Yes or No

(d) Have you ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement?.....

Yes or No

If you answer yes, identify the jurisdiction(s):

(e) Have you ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement?.....

Yes or No

I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature

Date



FINGERPRINTING PROCESS/PROCEDURE

The New York State Division of Criminal Justice Services (DCJS) has a contractual agreement with MorphoTrust USA to provide electronic fingerprint processing services on a statewide basis for all individuals requiring a criminal background check.

New York State Department of Financial Services applicants with an address in New York State are required to be electronically fingerprinted by MorphoTrust USA. Contact MorphoTrust USA at 877-472-6915 or www.identogo.com for electronic fingerprinting.

Card scanned fingerprints will not be accepted from any applicant with any address in New York. Any application bearing an address in New York State submitted with card scanned fingerprint cards will be rejected. Applications must be submitted with proof of being electronically fingerprinted through Identogo by MorphoTrust USA.

Applicants who do not have any address in New York State and are unable to go to a MorphoTrust USA Electronic Fingerprinting location in New York **MUST PRE-ENROLL WITH MORPHOTRUST** at <https://uenroll.identogo.com/> A signed copy of the pre-enrollment confirmation page **MUST** be attached to the New York fingerprint cards and sent to this Department with the application packet and licensing fee.

Only the fingerprint cards furnished to the applicant by the New York State Department of Financial Services can be used; out of state fingerprint cards are not acceptable and will be returned. Applications received without the pre-enrollment confirmation page will be rejected.

Note - Fingerprinting is required for all adjuster, bail bond/charitable bail*, and life settlement provider*/intermediary*/ broker* licenses.

Fingerprinting is required for any person wishing to be an officer/director* of an insurance company.

*FBI fingerprints are also required

Fingerprint Fee for Adjusters	\$ 87.00
Fingerprint Fee for Bail Bond Agents/Charitable Bail Organization	\$ 99.00
Fingerprint Fee for Life Settlement Providers, Life Settlement Intermediaries, and Life Settlement Brokers	\$ 99.00

See following page for additional information

Fingerprinting Services - Information Form

ELECTRONIC - Instructions for applicant: visit www.Identogo.com or call 877-472-6915 to schedule an appointment for fingerprinting. You will be required to provide all the information on this form and bring the required forms of identification to your fingerprinting appointment.

CARD SCANNED - Applicants who do not have any address in New York State and are unable to go to a MorphoTrust USA Electronic Fingerprinting location in New York (for list of locations go to www.Identogo.com) MUST pre-enroll with MORPHOTRUST at UEnroll.identogo.com Print and sign the completed pre-enrollment confirmation page, which includes a barcode printed on the top right of the page. Mail the signed pre-enrollment confirmation page and the completed fingerprint cards to this Department with the application packet and licensing fee.

ORI: NY921270Z

Contributor Agency: NEW YORK STATE DEPT. OF FINANCIAL SERVICES
One Commerce Plaza, Albany, NY 12257

Job or License Type: Choose one from below:

SERVICE CODE

1544H9	Employee Applicant
1544S3	Public/Independent Adjuster
1544RN	Professional Bondsman/Charitable Bail Organization
1544JT	Life Settlement Broker
1544K7	Life Settlement Intermediary
1544NR	Life Settlement Provider
1544Q5	Princ, Exec, Dir Ins Co (provide name of insurance company)

****IMPORTANT****

If you do not have a Social Security Number, you must contact the NYS Dept. of Financial Services at 518-474-6630 or licensing@dfs.ny.gov

Following information will be needed by MORTPHOTRUST:

New Submission OR Resubmission

Name of Applicant /Alias / Maiden Name(s)

Street Address/City/State/Zip/State & Country of Birth/Country of Citizenship/Social Security Number

Date of Birth/Age/Sex/Race/Ethnicity/Height/Weight/Skin Tone/Eye Color/Hair Color

ELECTRONIC FINGERPRINT Accepted Forms of Identification Section:

NOTE: Applicant *MUST* present two (2) forms of ID, at least one of which must have a photo (see Column A):

Column A – Valid Photo Identification:

U.S. Passport (unexpired or expired)
Permanent Resident Card
Alien Registration Receipt Card
Unexpired Foreign Passport
Driver's License or Photo ID Card
(issued by U.S. State or Territory)
School or College ID Card (with photo)
Unexpired Employment Authorization
with photo (Form I-766, I-688, I688A or B)
Photo ID Card issued by federal, state, or local govt.

Column B – Valid Supplementary Identification:

Voter registration card
U.S. Military card or draft card
Military dependent's ID card
Coast Guard Merchant Mariner Card
Native American Tribal Document
Canadian Driver's License
U.S. Social Security Card
Original or certified copy of a Birth Certificate issued
by authorized U.S. agency with official seal
Certification of Birth Abroad (issued by U.S. Department
of State)
U.S. Citizen Id Card (Form I-197)



NEW YORK STATE
 DEPARTMENT *of*
 FINANCIAL SERVICES

CHARITABLE BAIL ORGANIZATION
 CHILD SUPPORT OBLIGATION FORM

Full name and address of charitable bail organization applicant:

Name of Individual (Please Print)	Date of Birth	Social Security Number

- | | | |
|---|-----------------------|-----------------------|
| | YES | NO |
| Are you under any obligation to pay child support? | <input type="radio"/> | <input type="radio"/> |
| If "YES," (a) Are you current or less than four (4) months in arrears? | <input type="radio"/> | <input type="radio"/> |
| (b) Are you paying by income execution plan agreed to by courts or parties? | <input type="radio"/> | <input type="radio"/> |
| (c) Is the obligation the subject of a pending court proceeding? | <input type="radio"/> | <input type="radio"/> |
| (d) Are you receiving public assistance or supplemental security income? | <input type="radio"/> | <input type="radio"/> |

It is a crime under Penal Law Section 175.35 for a person who knows that a written instrument contains false information or statements to offer that instrument to a public office or public servant with knowledge or belief that it will be filed, when the person has the intent to defraud this state.

Under the penalties of perjury, I affirm that I have read this form and affirm that the information given on this form is true and hereby subscribe thereto.

 Signature

 Date