

**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: _____					Name in Full	_____					Fed. Employer ID No. *		
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



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



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

Are you under any obligation to pay child support?

YES NO

If "YES," (a) Are you current or less than four (4) months in arrears?

(b) Are you paying by income execution plan agreed to by courts or parties?

(c) Is the obligation the subject of a pending court proceeding?

(d) Are you receiving public assistance or supplemental security income?

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