



## Superior Court of New Jersey Bail Program Registration Form

**New Registration**   
  **Cancellation**   
  **Update**  
 **Address**   
  **Telephone**   
  **Name**   
  **Other** \_\_\_\_\_

### Insurance/Surety Company Information

Name	N.A.I.C Number
Address: Street	
City	State      Zip Code + 4
Telephone: include area code (    )	E-mail Address

### Registrant Information (complete one type)

<input type="checkbox"/> <b>Agent</b> Name: Last & Suffix      First      M.I.  <b>N.J. Department of Banking and Insurance</b> License Number      Expiration Date Business Address: Street Suite/Floor etc., must agree with <a href="http://usps.com">usps.com</a> City      State      Zip Code + 4 Telephone: include area code (    ) E-mail Address	<input type="checkbox"/> <b>Agency</b> Agency Name: must include "Bail Agency" or "Bail Bonds" Doing Business As (DBA) <b>N.J. Department of Banking and Insurance</b> License Number      Expiration Date Business Address: Street Suite/Floor etc., must agree with <a href="http://usps.com">usps.com</a> City      State      Zip Code + 4 Telephone: include area code (    ) E-mail Address
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### Bail Agency Information

Provide name of agency represented by agent	License Number and Expiration Date
Doing Business As (DBA): must include "Bail Agency" or "Bail Bonds"	
Provide name of agency administrator	License Number and Expiration Date
Provide name of managing agent	License Number and Expiration Date

**(Attach a copy of the Agent/Agency/Administrator/Managing Agent License and a list of authorized bonds)**  
 Per R 1:13-3(d) "The insurer shall have a continuing obligation to update its Bail Program Registration Form as changes occur in order to assure that the information is complete and accurate." Failure to do so will result in the removal of the insurer from the Bail Registry on 30 days' notice.

**Guarantor to Satisfy Bail Forfeiture Judgments for Above Listed Agent / Agency / Administrator / Managing Agent:**

The person or entity listed below has provided the insurance/surety company with a guarantee to pay bail forfeiture judgments associated with bail recognizance written by the agent/agency/administrator/managing agent:

<input type="checkbox"/> <b>Agent</b>			<input type="checkbox"/> <b>Agency</b>		
Name: Last & Suffix		First	M.I.		Agency Name: must include "Bail Agency" or "Bail Bonds"
			Doing Business As (DBA):		
<b>N.J. Department of Banking and Insurance</b>			<b>N.J. Department of Banking and Insurance</b>		
License Number		Expiration Date		License Number	
				Expiration Date	
Business Address: Street Suite/Floor etc., must agree with <a href="http://usps.com">usps.com</a>			Business Address: Street Suite/Floor etc., must agree with <a href="http://usps.com">usps.com</a>		
City		State	Zip Code + 4		City
Telephone: include area code ( )			Telephone: include area code ( )		
E-mail Address			E-mail Address		
Guarantor Signature			Guarantor Signature		
Print Name and Title			Print Name and Title		
<b>(Attach a Copy of the Guarantor's License)</b>			<b>(Attach a Copy of the Guarantor's License)</b>		

**Certification by Insurance/Surety Company:**

I certify that the insurance/surety company named is authorized and admitted to transact surety business by the New Jersey Department of Banking and Insurance. The named agent/agency/administrator/managing agent is authorized to write bail bonds on behalf of named insurance company in New Jersey and is licensed as an insurance producer by the New Jersey Department of Banking and Insurance. All bail forfeiture judgments have been satisfied prior to registration request. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I understand it is my obligation to update the information contained herein as changes occur in order to assure that the information remains complete and accurate.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Corporate Officer

\_\_\_\_\_ Title

\_\_\_\_\_ Print Name

Email completed form to : The Office of Superior Court Clerk,  
Bail Program Registration Mailbox,  
[sccosuretybond.mailbox@judiciary.state.nj.us](mailto:sccosuretybond.mailbox@judiciary.state.nj.us)

**(This form may be duplicated)**