## STATE OF MICHIGAN 20<sup>TH</sup> CIRCUIT COURT OTTAWA COUNTY

## BONDING AGENCY APPLICATION AND AFFIDAVIT

Court Address: 414 Washington Street, Suite 300 Grand Haven, MI 49417

Court Telephone No: (616) 846-8320

Any bonding agency that desires to engage in the business of becoming a surety upon bonds backed by insurance in criminal cases in the County of Ottawa shall complete and submit for approval the following application and provide supporting documents as noted.

Submit to:	Trial Court Director
	20 <sup>th</sup> Judicial Circuit Court
	414 Washington Street, Ste. 300

Grand Haven, MI 49417

	APPLICATION			
1.	Bonding Agency Name:			
2.	Bonding Agency Address:			
3.	Bonding Agency Telephone Number:			
4.	. Agency Mailing Address for Official Communications for All Agents:			

## 5. Agent Information

AGENT NAME	INSURANCE COMPANY(IES)	\$ AMOUNT AUTHORIZED	

- 6. Attach the following supporting documentation:
  - o Bonding Agency Application and Affidavit
  - o Power of Attorney, with seal from the insurance company authorizing the company's agents to post bonds in the company's name
  - Michigan Department of Labor & Economic Growth Certificate of Authority for each insurance company
  - o Bond Agent Application and Affidavit for each agent listed.
  - o Michigan Department of Labor & Economic Growth License of Certificate of Good Standing for each agent listed.
  - o Copy of each listed agents' driver license
  - Order for the Court's consideration and signature

	AFFIDAVIT		
on this "Bonding	ed applicant, being duly sworn, g Agency Application and Affiting of any change of informati	davit" are true	. I shall promptly notify
Dated:			
Title of Applicant	Printed Name of Applicant	Signature of	Applicant
	rn to before me on,	Ū	
My commission exp	pires: Signa	ture:	
Notary public, State	of Michigan, County of		