

APPENDIX XXI
[See Rule 1:13-3(d)]



Superior Court Of New Jersey
BAIL PROGRAM REGISTRATION FORM

SECTION I

INSURANCE/SURETY COMPANY:

Name: _____ N.A.I.C.# _____

Address: _____
Street City State Zip Code

Telephone: _____
Area Code Number

AUTHORIZED (check one)

AGENT AGENCY ADMINISTRATOR MANAGING AGENT:

Name: _____

N.J. Department of Banking and Insurance

License #: _____ Exp. Date: _____

Office Address:

_____ Street City State Zip Code

Telephone: _____
Area Code Number

For Agency Registration Only:

Name of Agency Administrator _____

(ATTACH A COPY OF THE AGENCY/AGENT/ADMINISTRATOR/MANAGING AGENT LICENSE)

Note: Revised form adopted July 28, 2004 to be effective September 1, 2004.

SECTION II

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 listed in SECTION I:

Name: _____

N.J. Department of Banking and Insurance

License #: _____ Exp. Date: _____

Address: _____

Street

City

State

Zip Code

Telephone: _____

Area Code

Number

(ATTACH A COPY OF THE GUARANTOR'S LICENSE)

CERTIFICATION BY INSURANCE/SURETY COMPANY:

I certify that the insurance/surety company listed in SECTION I 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 that insurance company in New Jersey and is licensed as an insurance producer by the New Jersey Department of Banking and Insurance. 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.

Dated: _____

Signature of Corporate Officer

Title

Print Name

**Mail original registration form to: Office of Superior Court Clerk, Bail Program
Registration, P.O. Box 971, Trenton, NJ 08625-0971.**

(THIS FORM MAY BE DUPLICATED)

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