

## Bond Company Application Instructions

As required by MCL 750.167b(4), the Chief Judge of the Circuit Court annually compiles and maintains an alphabetical list of persons engaged in the business of becoming surety upon bonds for compensation in criminal cases. Persons desiring to engage in the business of becoming surety upon bonds must apply using one of the two alternatives: Either answering a comprehensive inquiry into the applicant's property, debts, encumbrances, judgments, etc. OR, a less comprehensive procedure whereby the bondsperson is backed by insurance. The Court requires the following information when application is made to be admitted to the list of approved bondsmen for the Counties of Arenac, Iosco, Alcona and Oscoda, 23rd Circuit Court and 81st District Court

***Failure to provide the required documentation may result in a denial of your application.***

### ***DEADLINE FOR SUBMISSIONS FOR THE CALENDAR YEAR IS, December 1, 2026***

#### **PART 1 – Must submit for all annual renewals, new applications and changes.**

The following **MUST** be submitted for your company and the information provided determines how the firm is displayed on the final list.

- Completed Company Summary
- Copy of valid State-issued company license
- Copy of Qualifying Power of Attorney (POA) issued by the underwriter

#### **PART 2 – Must submit for all annual renewals and/or new agent applications.**

The following **MUST** be submitted for each listed individual

- Agent application
- Copy of valid State-issued bonding license
- Copy of valid driver's license or State ID
- Copy of Qualifying Power of Attorney (POA) listing agent's name and authorized limit
- If the applicant has been convicted of a felony or misdemeanor, include a copy of the Register of Action from the pertinent court and any additional information available.
- IChat printout for each agent.

#### **PART 3 – Must submit for all annual renewals and/or new company applications.**

Company Affidavit

#### **Application must be received via mail at:**

Arenac County Trial Court  
120 N. Grove St., #609  
Standish, Michigan 48658

**OR**

#### **Hand-delivered to:**

Arenac County Trial Court  
120 N. Grove Street  
Standish, Michigan 48658



**PART 2- Application for Bondsperson**

This application is for a(n):  Annual Renewal  New Agent(s)

\* Applicant's Name (First, MI, Last): \_\_\_\_\_

\* Applicant's Residential Address: \_\_\_\_\_  
\_\_\_\_\_

\* Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number:  Home  Cell \_\_\_\_\_

\* Company for which you are applying: \_\_\_\_\_

\* Your individual NPN or SIDN: \_\_\_\_\_  NPN  SIDN

List the name(s) of the individual(s) and/or business(es) for which you have operated as a bondsperson during the past 5 years, including self-employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Have you ever been convicted of a crime (including misdemeanors and felonies but not including civil infractions for traffic matters)?  No.  
 Yes. \* I have included a copy of the Register of Action and related information.

\* Are there any *pending* criminal charges against you (including misdemeanors and felonies but not including civil infractions for traffic matters)?  No.  
 Yes. \* I have included a copy of the Register of Action and related information.

\* Attach clear copies of: Your current driver's license or State of Michigan ID **AND** State-issued occupational license which must list a status of "active" with the Department of Insurance and Financial Services.

Affidavit:

I, the undersigned applicant, being duly sworn state that all of my statements on this "Application for Bondsperson" are true. I will at no time become obligated upon any bond in excess of the coverage of insurance established at the time of approval of my acting as a bondsman. (This includes and applies to bonds written in and outside of Iosco County, or any other jurisdiction.) I shall promptly notify the Chief Judge, in writing, of any change in my insurance status, residence agency address(es) or affiliation.

By applying to be named as an approved surety for the County of Iosco, State of Michigan, I agree that I will be acting as a surety on my own behalf. I further acknowledge that if I am approved to issue surety bonds in Iosco County, Michigan, I will be responsible for any judgments that arise from the surety bonds that I have issued. Finally, I agree to accept service by First Class mail of any notice or other documentation related to the forfeiture of bonds.

\_\_\_\_\_  
Printed Name of Applicant                      Signature of Applicant                      Date

Subscribed and sworn to before me, a notary public in and for the County of \_\_\_\_\_,

State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Notary Public Signature

**PART 2- Application for Bondsperson**

This application is for a(n):  Annual Renewal  New Agent(s)

\* Applicant’s Name (First, MI, Last): \_\_\_\_\_

\* Applicant’s Residential Address: \_\_\_\_\_  
\_\_\_\_\_

\* Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number:  Home  Cell \_\_\_\_\_

\* Company for which you are applying: \_\_\_\_\_

\* Your individual NPN or SIDN: \_\_\_\_\_  NPN  SIDN

List the name(s) of the individual(s) and/or business(es) for which you have operated as a bondsperson during the past 5 years, including self-employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Have you ever been convicted of a crime (including misdemeanors and felonies but not including civil infractions for traffic matters)?  No.  
 Yes. \* I have included a copy of the Register of Action and related information.

\* Are there any pending criminal charges against you (including misdemeanors and felonies but not including civil infractions for traffic matters)?  No.  
 Yes. \* I have included a copy of the Register of Action and related information.

\* Attach clear copies of: Your current driver’s license or State of Michigan ID AND State-issued occupational license which must list a status of “active” with the Department of Insurance and Financial Services.

Affidavit:

I, the undersigned applicant, being duly sworn state that all of my statements on this "Application for Bondsperson" are true. I will at no time become obligated upon any bond in excess of the coverage of insurance established at the time of approval of my acting as a bondsman. (This includes and applies to bonds written in and outside of Arenac County, or any other jurisdiction.) I shall promptly notify the Chief Judge, in writing, of any change in my insurance status, residence agency address(es) or affiliation.

By applying to be named as an approved surety for the County of Arenac, State of Michigan, I agree that I will be acting as a surety on my own behalf. I further acknowledge that if I am approved to issue surety bonds in Arenac County, Michigan, I will be responsible for any judgments that arise from the surety bonds that I have issued. Finally, I agree to accept service by First Class mail of any notice or other documentation related to the forfeiture of bonds.

\_\_\_\_\_  
Printed Name of Applicant                      Signature of Applicant                      Date

Subscribed and sworn to before me, a notary public in and for the County of \_\_\_\_\_,

State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Notary Public Signature

**PART 2- Application for Bondsperson**

This application is for a(n):  Annual Renewal  New Agent(s)

\* Applicant's Name (First, MI, Last): \_\_\_\_\_

\* Applicant's Residential Address: \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number:  Home  Cell \_\_\_\_\_

\* Company for which you are applying: \_\_\_\_\_

\* Your individual NPN or SIDN: \_\_\_\_\_  NPN  SIDN

List the name(s) of the individual(s) and/or business(es) for which you have operated as a bondsperson during the past 5 years, including self-employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Have you ever been convicted of a crime (including misdemeanors and felonies but not including civil infractions for traffic matters)?  No.  
 Yes. \* I have included a copy of the Register of Action and related information.

\* Are there any *pending* criminal charges against you (including misdemeanors and felonies but not including civil infractions for traffic matters)?  No.  
 Yes. \* I have included a copy of the Register of Action and related information.

\* Attach clear copies of: Your current driver's license or State of Michigan ID **AND** State-issued occupational license which must list a status of "active" with the Department of Insurance and Financial Services.

Affidavit:

I, the undersigned applicant, being duly sworn state that all of my statements on this "Application for Bondsperson" are true. I will at no time become obligated upon any bond in excess of the coverage of insurance established at the time of approval of my acting as a bondsman. (This includes and applies to bonds written in and outside of Oscoda County, or any other jurisdiction.) I shall promptly notify the Chief Judge, in writing, of any change in my insurance status, residence agency address(es) or affiliation.

By applying to be named as an approved surety for the County of Oscoda, State of Michigan, I agree that I will be acting as a surety on my own behalf. I further acknowledge that if I am approved to issue surety bonds in Oscoda County, Michigan, I will be responsible for any judgments that arise from the surety bonds that I have issued. Finally, I agree to accept service by First Class mail of any notice or other documentation related to the forfeiture of bonds.

\_\_\_\_\_  
Printed Name of Applicant Signature of Applicant Date

Subscribed and sworn to before me, a notary public in and for the County of \_\_\_\_\_,

State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Notary Public Signature

### PART 2- Application for Bondsperson

This application is for a(n):       Annual Renewal       New Agent(s)

\* Applicant's Name (First, MI, Last): \_\_\_\_\_

\* Applicant's Residential Address: \_\_\_\_\_  
 \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number:     Home     Cell \_\_\_\_\_

\* Company for which you are applying: \_\_\_\_\_

\* Your individual NPN or SIDN: \_\_\_\_\_  NPN     SIDN

List the name(s) of the individual(s) and/or business(es) for which you have operated as a bondsperson during the past 5 years, including self-employment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Have you ever been convicted of a crime (including misdemeanors and felonies but not including civil infractions for traffic matters)?     No.  
     Yes. \* I have included a copy of the Register of Action and related information.

\* Are there any *pending* criminal charges against you (including misdemeanors and felonies but not including civil infractions for traffic matters)?     No.  
     Yes. \* I have included a copy of the Register of Action and related information.

\* Attach clear copies of: Your current driver's license or State of Michigan ID **AND** State-issued occupational license which must list a status of "active" with the Department of Insurance and Financial Services.

**Affidavit:**

I, the undersigned applicant, being duly sworn state that all of my statements on this "Application for Bondsperson" are true. I will at no time become obligated upon any bond in excess of the coverage of insurance established at the time of approval of my acting as a bondsman. (This includes and applies to bonds written in and outside of Alcona County, or any other jurisdiction.) I shall promptly notify the Chief Judge, in writing, of any change in my insurance status, residence agency address(es) or affiliation.

By applying to be named as an approved surety for the County of Alcona, State of Michigan, I agree that I will be acting as a surety on my own behalf. I further acknowledge that if I am approved to issue surety bonds in Alcona County, Michigan, I will be responsible for any judgments that arise from the surety bonds that I have issued. Finally, I agree to accept service by First Class mail of any notice or other documentation related to the forfeiture of bonds.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Printed Name of Applicant      Signature of Applicant      Date

Subscribed and sworn to before me, a notary public in and for the County of \_\_\_\_\_,

State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**Notary Public Signature**

### PART 3-Company Affidavit

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Company Phone: \_\_\_\_\_

A. I shall promptly notify the Court by certified mail of any change in my residence or business addresses.

B. I understand that a current affidavit containing the above information must be filed with the Circuit Court Administration Office on or before September 30<sup>th</sup> of the current year by persons wishing to remain on, or be considered for, the list of approved bondsmen.

C. I understand that agents of an approved bondsman are authorized to sign recognizance under a power of attorney when said document includes the provision that power of attorney is authorized to write bonds for a sum not to exceed \$\_\_\_\_\_. Until the bondsman delivers to the Court a new qualifying power establishing a higher limit.

D. The undersigned agrees to timely pay any said forfeiture. If they do not they may be removed from the Approved Bond Companies List.

E. The undersigned agrees to abide by any and all Court policies related to the execution or surrender of bonds for Ingham County. Failure to do so may result in removal from the Approved Bond Companies List.

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF COMPANY REPRESENTATIVE

\_\_\_\_\_  
TITLE OF COMPANY REPRESENTATIVE

Subscribed and sworn to before me, a notary public in and for the County of \_\_\_\_\_,

State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

Notary Public Signature