



DEPARTMENT OF FINANCIAL SERVICES

Division of Insurance Agent & Agency Services - Bureau of Licensing
Revenue Processing Section • 200 E Gaines Street • Tallahassee, FL 32399-4216

Name & Address of Appointing Entity

Lexington National Ins
PO Box 6098 Corp
Lutherville, MD 21094

APPOINTING FORM
Temporary Limited Surety Agent (T2-35)
Limited Surety Agent (2-34)
Professional Bail Bond Agent (2-37)
Managing General Agents (0-60)

Company Code
02979

Print or Type

PART I

SECTION: 1	2	3	4	5	6
License Number (If no license, then use SSN)	Last Name, First Name and Middle Initial	Business County Code	Type & Class	Appt. Fee	Appointment Date
			2 34	\$80.00	/ /

PART II (this is to be completed by all temporary agents, permanent agents, and managing general agents)

Pursuant to Section 648.382 (2)(b), F.S., I do solemnly swear that I owe no premium to any insurer and that I will discharge all outstanding forfeitures and judgments on bonds that may have been previously written.

Signature of appointee (agent)

Date

Sworn to and subscribed before me this ____ day of _____, 20__ by

who is personally known to me, or produced
_____ as identification.

Notary Public, State of Florida (Signature)

Seal:

PART III (this is to be completed only by permanent agents who are currently or were previously appointed)

Pursuant to Sections 648.442 (8)(a)(b), F.S., I swear that there has been no loss, misappropriation, conversion of theft of any collateral being held by me in trust for any insurer by which I am or have been appointed. All collateral being held in trust and all records for any insurer by which I am currently or was previously appointed, are available for immediate audit and inspection by the Department, the Insurer, or the Managing General Agent and will upon demand of the Department of Financial Services be transmitted to the insurer for whom the collateral is being held in trust.

Signature of appointee (agent)

Date

Sworn to and subscribed before me this ____ day of _____, 20__ by

who is personally known to me, or produced
_____ as identification.

Notary Public, State of Florida (Signature)

Seal:

PART IV (to be completed by appointing company representative)

Pursuant to Section 648.355(1) (c), F.S., has the applicant listed above plead guilty or nolo contendere to or been found guilty of a felony or crime involving moral turpitude since becoming licensed for the Type and Class of appointment requested herein? Yes No
(If yes, attach a separate document describing the circumstances related to this question.)

Under penalties of perjury, I, the undersigned, certify that the answer given above is true and correct and that the person for whom an appointment is requested has been thoroughly investigated as to integrity and character, that his/her reputation is good; and he/she is trustworthy, pursuant to Section 648.382 (2) (a), F.S. I further certify that the appointing entity has or will furnish any information relating to the licensee as required by law and that the appointing entity is willing to be bound by the acts of the person being appointed. I certify that Section 648.382, F.S., will be adhered to as it relates to the particular class of appointment being made.

Appointment Fees:	Type/Class	Amount	Enclosed
Temporary Bail Bond Agent:	<input type="checkbox"/> T2-35	\$90	\$
Permanent Bail Bond Agent:	<input checked="" type="checkbox"/> 02-34	\$80	\$ 80.00
Professional Bail Bond Agent:	<input type="checkbox"/> 02-37	\$80	\$
Managing General Agent:	<input type="checkbox"/> 00-60	\$60	\$

Signature of Appointing Official

Date

Print Name of Appointing Official

Title

Phone

License # if applicable