



**3. All of the following supporting documentation must be attached to this application:**

- A Copy of the Agency License AND verification of “Active” status from Michigan Department of Insurance and Financial Services (DIFS) website.  
Site: [http://difs.state.mi.us/fis/ind\\_srch/ins\\_agcy/](http://difs.state.mi.us/fis/ind_srch/ins_agcy/)
- A Copy of the 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 and Economic Growth Certificate of Authority for each insurance company.
- Lenawee County’s Bond Agent Application and Affidavit for each agent listed above.
- A Copy of the MI Driver’s License or MI State ID for each agent listed above.
- A Copy of the Resident Producer License / Certificate for each agent listed above from Michigan Department of Labor and Economic Growth AND verification of “Active” status from Michigan Department of Insurance and Financial Services (DIFS) website:  
Site: [https://difs.state.mi.us/fis/ind\\_srch/ins\\_agnt/](https://difs.state.mi.us/fis/ind_srch/ins_agnt/)

**This application must be signed by a signatory of the Agency submitting this application and that signature must be notarized below.**

**AFFIDAVIT**

I, the undersigned applicant, being duly sworn, hereby attest that the statements made on this “Bonding Agency Application and Affidavit” are true. I shall promptly notify the court in writing of any change of information contained in this application. I understand that a current affidavit containing the above information and attachments must be filed with the Chief Judge of the Lenawee County Circuit Court on or before December 20 of each year by those persons wishing to remain on the list of approved bondspersons.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Notary**

Subscribed and sworn to before me on \_\_\_\_\_, in \_\_\_\_\_ County, Michigan  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Notary Public

Notary public, State of Michigan, County of \_\_\_\_\_

**Submit this application and all supporting documents to:**

**Ciara McGrane  
Circuit Court Administrator  
39th Circuit Court  
425 N. Main St.  
Adrian, MI 49221**