



**LENAWEE COUNTY
BOND AGENCY APPLICATION AND AFFIDAVIT
INSURANCE ALTERNATIVE
ANNUAL RENEWAL OR CHANGE OF STATUS FORM**

Bond agencies that desire to engage in the business of becoming surety upon bonds backed by insurance for criminal cases in the County of Lenawee shall complete and submit the following application and provide supporting documents as noted.

This form may be used by a bond agency included on the Approved List to report minor changes to the answers in the bond agency application. If major changes are required, the bondsman must submit a new bondsman application. **New agencies must complete the entire application and may not use this form.**

A current, valid power of attorney for the agency and each agent (individually or on one form) must be provided every year.

1. Agency Information

Bond Agency Name (As listed on the Approved List)
Changes:

2. Agent Information

Agent Name	Insurance Company(ies)	Amount Authorized by Insurance
		Up to \$
		Up to \$
		Up to \$
		Up to \$
		Up to \$
		Up to \$
		Up to \$
		Up to \$

- For each bond agent listed above, the answers to the Bond Agency Application signed on _____ are still correct and no changes are necessary.
- The change(s) listed above, or on the attached sheet, have occurred in my answers to the questions on the Bond Agency Application signed on _____.

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**