



Superior Court of New Jersey

INSURANCE PRODUCER/LIMITED INSURANCE REPRESENTATIVE REGISTRATION FORM

INSURANCE/SURETY COMPANY:

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

Address: _____
Street City State Zip Code

Telephone: _____
Area Code Number

AUTHORIZED REPRESENTATIVE:

Name: _____

N.J. Department of Banking/
Insurance-License/Registration #: _____ Exp. Date: _____

Office Address: _____
Street City State Zip Code

Telephone: _____
Area Code Number

Check one: Insurance Producer Limited Insurance Representative

CERTIFICATION BY INSURANCE COMPANY:

I certify that the above-listed representative is authorized by the named insurance/surety company to write bail bonds on behalf of said insurance company in New Jersey and is either licensed or registered to represent the insurer/surety company with the New Jersey Department of Banking and Insurance.

Signature Title

Print Name Dated: _____

Mail or fax completed registration form to: Office of Superior Court Clerk
Insurance Registration Program
P.O. Box 971
Trenton, NJ 08625
Fax: (609) 292-6564

(THIS FORM MAY BE DUPLICATED.)