

**STATE OF MICHIGAN  
9<sup>TH</sup> CIRCUIT COURT  
KALAMAZOO COUNTY**

**BONDING AGENCY APPLICATION AND AFFIDAVIT**

Court Address  
227 W. MICHIGAN AVENUE, KALAMAZOO, MI 49007

Court Telephone No.  
(269) 383-8837

Any bonding agency that desires to engage in the business of becoming surety upon bonds backed by insurance in criminal cases in the County of Kalamazoo shall complete and submit the follow application and provide supporting documents as noted. Please submit to the attention of the Trial Division Manager.

**APPLICATION**

1. Bonding Agency Name: \_\_\_\_\_
2. Bonding Agency Address: \_\_\_\_\_
3. Bonding Agency Telephone: (\_\_\_\_)\_\_\_\_\_
4. Bond Agency Email Address (for court ordered forfeitures and other notices): \_\_\_\_\_
5. **Agency Mailing Address for Official Communications for All Agents** (court ordered forfeitures and other notices): \_\_\_\_\_

**6. 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 \$

**7. Attach the following supporting documentation:**

- Agency License (must include DBA or Assumed Name if applicable).
- 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.
- Form 9CC-0733 *Bond Agent Application and Affidavit* for each agent listed above.
- Michigan Department of Labor and Economic Growth License or Certificate of Good Standing for each agent listed above.

**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.

\_\_\_\_\_  
Date Printed Name of Applicant Signature of Applicant  
Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan  
Date  
My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Deputy clerk/Register/Notary public  
Notary public, State of Michigan, County of \_\_\_\_\_