

**State of New Mexico  
Office of Superintendent of Insurance  
Producer Licensing Bureau**

**NOTICE TO ALL APPLICANTS REGARDING  
BACKGROUND CHECKS**

**Effective January 1, 2014**

Pursuant to Article 59A-11-2(E), the Superintendent of Insurance may require a criminal history background investigation of the applicant for a license by means of fingerprint checks by the department of public safety and the federal bureau of investigation. Pursuant to Article 59A-11-2(F), the Superintendent of Insurance may obtain from the department of public safety and the federal bureau of investigation, at the expense of the applicant for a license, criminal history information concerning each applicant, using the applicant's fingerprints or other identifying information. The information shall be used by the Superintendent solely in determining whether to grant the application

Based on this statutory authority, all resident applicants for a license and anyone wishing to activate a cancelled resident license **MUST** be fingerprinted as part of the application process. In addition, all nonresident applicants who are not fingerprinted in their home state will be required to comply with this requirement. **Applicant must attach a copy of the 3M Cogent Proof of Fingerprint Submission Receipt to their application.** Your application will be considered incomplete and will not be processed if the 3M Cogent Proof of Fingerprint Submission Receipt is not submitted.

PLEASE NOTE THAT THE PRODUCER LICENSING BUREAU DOES NOT CONSIDER THE APPLICATION COMPLETE UNTIL THE BACKGROUND CHECK PROCESS IS COMPLETED.

**The ORI Number for Office of Superintendent of Insurance (OSI) is NM920210Z.**

**All applicant fingerprint background checks will be processed electronically. The fee is \$44.00 . Please register at [www.cogentid.com](http://www.cogentid.com).**

**For information on how to register click [HERE](#).**

**Fingerprinting must be done at one of the authorized fingerprint locations. Fingerprint site location information is available at <https://www.cogentid.com/index.htm>**

**If you are an out of state applicant or already have hardcopies that you prefer to process, click [HERE](#). For questions/inquiries/comments, please refer to the [Applicant Fingerprint Background Checks](#) contact information.**

**INSTRUCTIONS FOR PROPERTY BAIL BOND INDIVIDUAL APPLICATION**

**Please take special care when completing this form. All filing fees are non-refundable or non-transferable, whether or not the application is processed. NMSA 59A-6-1 All fees are earned when paid and are not refundable.**

If not already licensed, you must comply with the pre-licensing requirements as outlined in the attached regulation **Bail Bondsmen and Solicitor regulation Title13, Chapter 20, Part 2, subsection 11, 12 and 13 and successfully pass the Property Bail Bond Examination through PSI. All testing and exam information must be directed to PSI <http://psionline.com/>**

**ARTICLE 51 BAIL BONDSMEN LICENSING / 59A-51**

59A-51-3.A. No person shall act as property bondsman, limited surety agent or solicitor, or perform any functions or duties or exercise any of the powers prescribed for bail bondsmen or solicitors in Chapter 59A, Article 51 NMSA 1978 unless such person is qualified and licensed as provided in that article.

1. Bail Bonding Individual License fee is \$30. Appointment FEE is \$20 per line of business.
2. A Letter of Credit in the amount of \$25,000 issued to the Superintendent of Insurance. (BAIL BOND PROPERTY AGENT ONLY)
3. A current detailed notarized Financial Statement. (BAIL BOND PROPERTY AGENT ONLY)
4. A current rate schedule with \$50.00 Filing Fee.. (BAIL BOND PROPERTY AGENT ONLY)
5. Must attach forms that will be used on behalf of the bail bonding business. (Must be accepted and approved by the courts).

6.Fees can be paid with a personal check, company check, money order or cashier's check. Cash or temporary checks will **not** be accepted.

7.Make checks payable to OSI..

\* All licenses shall have the "Business Mailing Address" printed on the license.

**IMPORTANT NOTICE**

**Any person who is engaged in the business of insurance and knowingly, makes, a false entry of material fact in any statement with intent to deceive any person, including any insurance regulatory official, shall be subject to a civil penalty of not more than \$50,000, or imprisoned not more than ten (10) years, or both, pursuant to 18 USC 1034 (1997).**

## APPLICATION FOR INDIVIDUAL PROPERTY BAIL BOND LICENSE

**Check appropriate box for license requested.**

- Resident License  
 Non-Resident License

**Please select one of the following:**

\_\_\_\_\_ **AGENT** \_\_\_\_\_ **SOLICITOR**

Identify Home State: \_\_\_\_\_

**PLEASE PRINT LEGIBLY OR TYPE**

1		2 If assigned, National Producer Number (NPN)					
3 Social Security Number - - -			4 Are you affiliated with a financial institution/bank? Yes No				
5 Last Name JR./SR. etc		6 First Name		7 Middle Name	8 Date of Birth (month) ____ (day) ____ (year) ____		
9 Residence/Home Address (Physical Street)		10 P.O. Box	11. City		12 State	13 Zip Code	14 Foreign Country
15 Home Phone Number ( ) -	16 Gender (Circle One) Male Female	17 Are you a Citizen of the United States? (Check One) Yes No (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)					
18 Business Entity Name							
19 Business Address (Physical Street)		20 P.O. Box	21 City	22 State	23 Zip Code	24 Foreign Country	
25 Business Phone Number ( ) -	26 Business Fax Number ( ) -		27 Business E-Mail Address		28 Business Web Site Address		
29 Business Mailing Address		30 P.O. Box	31 City	32 State	33 Zip Code	34 Foreign Country	
35 a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business.  b. List any trade names under which you are currently doing business or intend to do business.							
<b>36 Agency or Business Entity Affiliations</b>							
<b>List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity and ATTACH to this application FORM 202-B with a \$30 affiliation fee made payable to: OSI.</b>							
<b>FEIN</b>	<b>NPN</b>	<b>Name of Agency</b>					
<b>FEIN</b>	<b>NPN</b>	<b>Name of Agency</b>					
<b>Employment History</b>							
37 Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.							
		From To				Position Held	
		Month Year	Month Year	Year			
<b>Name</b>	<b>City</b>	<b>State</b>	<b>Foreign Country</b>				
<b>Name</b>	<b>City</b>	<b>State</b>	<b>Foreign Country</b>				
<b>Name</b>	<b>City</b>	<b>State</b>	<b>Foreign Country</b>				
<b>Name</b>	<b>City</b>	<b>State</b>	<b>Foreign Country</b>				

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**Background Information**

The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer YES, you must attach to this application (PLEASE LABEL EACH ITEM SENT):

- a) a written statement explaining the circumstances of each incident,
  - b) a certified copy of the charging document, and
  - c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.
- Yes \_\_\_ No \_\_\_

2. Have you held an insurance in any state within the last five years?

**FOR NEW MEXICO RESIDENTS ONLY: If you answered YES, please submit an original Letter of Clearance from your previous home state.**

3. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer YES, you must attach to this application (PLEASE LABEL EACH ITEM SENT):

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
  - b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
  - c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.
- Yes \_\_\_ No \_\_\_

4. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others.

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

5. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): Yes \_\_\_ No \_\_\_

6. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

If you answer YES, you must attach to this application (PLEASE LABEL EACH ITEM SENT):

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

7. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer YES, you must attach to this application (PLEASE LABEL EACH ITEM SENT):

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

8. Do you have a child support obligation in arrears that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes \_\_\_ No \_\_\_

If you answer yes to Question 7, by how many months are you in arrears? \_\_\_\_\_ Months

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**License Type Requested: INDIVIDUAL PROPERTY BAIL BOND**

Please check the lines of authority for which you are applying:

( ) Property Bail Bonds (16)

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**Applicants Certification and Attestation**

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Original Applicant Signature  
 Month Day Year

\_\_\_\_\_  
 Full Legal Name (Printed or Typed)

**Attachments**

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient. All fees are deemed earned when paid and shall not be refunded.  
 For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.  
 Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.licenseregistry.com](http://www.licenseregistry.com)).

**State of New Mexico  
Office of Superintendent of Insurance  
Producer Licensing Bureau**

**Notice of Property Bondsman Agent Appointment**

Please take special care when completing this form. All filing fees are non-refundable or non-transferable, whether or not the application is processed. NMSA 59A-6-1 All fees are earned when paid and are not refundable.

Name of Property Bondsman \_\_\_\_\_

SSN \_\_\_\_\_ License No. \_\_\_\_\_

Business Entity Name \_\_\_\_\_

Address \_\_\_\_\_

has authority to transact the following kinds of business:

Class Code	Line of Business	Fee
16	Property Bail Bonds	\$20.00

Signature of Bondsman \_\_\_\_\_ Date \_\_\_\_\_

Telephone No \_\_\_\_\_ Email \_\_\_\_\_

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**BONDSMEN LICENSING**

59A-51-3.A. No person shall act as property bondsman, limited surety agent or solicitor, or perform any functions or duties or exercise any of the powers prescribed for bail bondsmen or solicitors in Chapter 59A, Article 51 NMSA 1978 unless such person is qualified and licensed as provided in that article.

Mailing Address: Producer Licensing Bureau, PO Box 1689, Santa Fe, NM 87504

Overnight Delivery: Producer Licensing Bureau, 1120 Paseo de Peralta Rm 434, Santa Fe, NM 87501

Email: Agents.licensing@state.nm.us

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**FORM 224-B REVISED 12/07**

**State of New Mexico  
Office of Superintendent of Insurance  
Producer Licensing Bureau**

**Notice of Property Solicitor Appointment**

Please take special care when completing this form. All filing fees are non-refundable or non-transferable, whether or not the application is processed. NMSA 59A-6-1 All fees are earned when paid and are not refundable.

Name of Sponsoring Property Bondsman \_\_\_\_\_

SSN \_\_\_\_\_ License No. \_\_\_\_\_

Business Entity Name \_\_\_\_\_ License No. \_\_\_\_\_

Address \_\_\_\_\_

To the New Mexico Superintendent of Insurance: Notice is hereby given that effective from the date of filing of this notice, the designated Bail Solicitor is appointed to transact the following kinds of business on my behalf:

Class Code	Line of Business	Fee
16	Property Bail Bonds	\$20.00

Name of Solicitor \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

Signature of Bondsman \_\_\_\_\_ Date \_\_\_\_\_

Telephone No \_\_\_\_\_ Email \_\_\_\_\_

**BONDSMEN LICENSING**

59A-51-3.A. No person shall act as property bondsman, limited surety agent or solicitor, or perform any functions or duties or exercise any of the powers prescribed for bail bondsmen or solicitors in Chapter 59A, Article 51 NMSA 1978 unless such person is qualified and licensed as provided in that article.

**OFFICE OF SUPERINTENDENT OF INSURANCE  
Producer Licensing Bureau**

**Business Entity Affiliation and Termination Form  
Please take special care when completing this form.**

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NMSA 59A-6-1 All fees are earned when paid and are not refundable.**

Business Entity Federal Id Number _____	License Number _____
Business Entity Name _____	
Address _____	City _____ State _____ Zip _____
Contact Person _____	Telephone No. _____
Email Address _____	Fax No _____

Notice is hereby given that effective from the date shown on this notice, the designated business entity hereby affiliates the licensee(s) named herein to act as its affiliate.

1. When using this form with an individual license application, submit only one name per form and attach the form to the application.
2. Only one affiliate per line
3. Affiliation fee is \$20.00 per line of business
4. Make Checks payable to OSI
5. No fee required for terminations

**Class Codes and Lines of Business**

01 Life Accident & Health	13 Life, Accident & Health (Fraternal)	23 Property, Marine & Transportation
02 Life (Excluding Health)	14 Life (Excluding Health) Fraternal	24 Crop Hail
03 Accident & Health	15 Variable Contracts (Fraternal)	25 Title Guaranty
06 Variable Contracts	16 Property Bail Bonds	27 Vehicle
08 Surplus Line	18 Casualty and Surety	
12 Credit Life, Accident, and Health	20 Limited Surety	

√ ADD	√ TERM	Class Code	Social Security Number	License Number	Name as shown on License

Total number of affiliations \_\_\_\_\_ X \$20.00 per affiliate, per line of business = \$ \_\_\_\_\_

Signature must be that of an officer of the business entity or a person authorized by the business entity to sign.

Printed Name \_\_\_\_\_ Official Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Mailing address: PO Box 1689, Santa Fe, New Mexico 87504**

**Overnight address: 1120 Paseo de Peralta, Room 434, Santa Fe, New Mexico 87501**

**Telephone number:(505) 827-4601**

**Email: [agents.licensing@state.nm.us](mailto:agents.licensing@state.nm.us)**