



GENERAL CONDITIONS OF BAIL

Patriot Bail Bonds
1330 L Street
Bakersfield, CA 93301

Defendant Name: _____

Bond Date: _____

Bond Number(s): _____

THE DEFENDANT MUST RETURN TO THIS OFFICE IMMEDIATELY UPON RELEASE FROM JAIL. Failure to do so may result in the defendant being surrendered back to custody and additional fees may be applied. DEF / IND. INITIALS
_____/ _____

The Defendant must APPEAR AT ALL COURT DATES in person as ordered by the court. _____/ _____

The Defendant shall CONTACT PATRIOT BAIL BONDS AFTER EACH COURT DATE and report his/her next court date(s). _____/ _____

If the defendant fails to appear in court, he/she must contact our office immediately for possible bail bond reinstatement. The reinstatement request must be submitted to the clerk of the court immediately or the letter will be void. Please be advised, the defendant's warrant is still active until he/she has appeared in court and the judge has recalled the warrant. _____/ _____

The Defendant and Indemnitor(s) are responsible for any and all expenses incurred, resulting from the Defendant's Failure to Appear for scheduled court dates. _____/ _____

The Defendant and/or Indemnitor(s) must notify Patriot Bail Bonds if any change is made to his/her residence, phone number or employment. _____/ _____

The Defendant and Indemnitor(s) are liable for said Bail Bond(s) until Exonerated by the court. _____/ _____

The premium for said Bail Bond is fully earned upon the Defendant's release from jail. Improper arrest, bail reduction and/or case dismissal shall not obligate the return of any portion of said premium. _____/ _____

NO REFUND UPON RELEASE

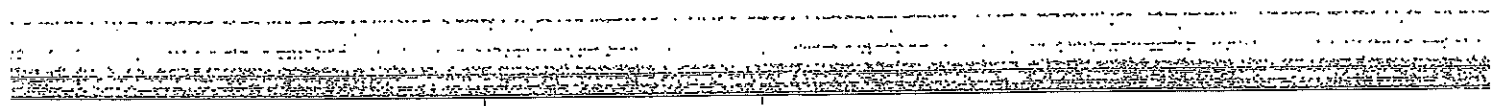
I / We have read and understand the conditions:

Indemnitor Signature Indemnitor Name Phone # Date

Indemnitor Signature Indemnitor Name Phone # Date

Indemnitor Signature Indemnitor Name Phone # Date

Defendant Signature Defendant Name Phone # Date





COURT DATE NOTIFICATION

Patriot Bail Bonds
1330 L Street
Bakersfield, CA 93301

Defendant Name: _____

Bond Date: _____

Bond Number(s): _____

I, _____, understand that the first court appearance is listed below. This court appearance and all subsequent court appearances are mandatory. Failure to appear in court can result in arrest. If the defendant fails to appear in court, he/she must contact our office immediately for possible bail bond reinstatement. The reinstatement request must be submitted to the clerk of the court immediately or the letter will be void. Please be advised, the defendant's warrant is still active until he/she has appeared in court and the judge has recalled the warrant.

Court appearance information:

Date to appear:	
Time:	
Court:	
Judicial District:	
Division:	
County:	

I / We have read and understand the conditions:

Indemnitor Signature

Indemnitor Name

Phone #

Date

Indemnitor Signature

Indemnitor Name

Phone #

Date

Indemnitor Signature

Indemnitor Name

Phone #

Date

Defendant Signature

Defendant Name

Phone #

Date

References- Defendant

Name _____ Phone _____

Address _____ Cell _____

_____ Relationship _____

E-mail _____ Facebook _____

Name _____ Phone _____

Address _____ Cell _____

_____ Relationship _____

E-mail _____ Facebook _____

Name _____ Phone _____

Address _____ Cell _____

_____ Relationship _____

E-mail _____ Facebook _____

References- Indemnitor

Name _____ Phone _____

Address _____ Cell _____

_____ Relationship _____

E-mail _____ facebook _____

Name _____ Phone _____

Address _____ Cell _____

_____ Relationship _____

E-mail _____ Facebook _____

Name _____ Phone _____

Address _____ Cell _____

_____ Relationship _____

E-mail _____ Facebook _____

Automated Recurring Billing Authorization

*Client Name: _____

*Amount of recurring payment: \$ _____

*Frequency (daily, weekly, monthly, yearly...etc): _____

*Start Date: _____

*End Date: _____

Payment by (please circle): American Express Discover Visa MasterCard

*Credit Card #: _____

*Expiration Date: _____

*3 Digit Security # (on back of card must have in order to process): _____

Cardholder's Name: _____

Billing Address: _____

City/State/Zip code: _____

Phone: _____

Fax: _____

Email: _____

*Cardholder's Signature: _____

CALIFORNIA PLAIN TALK CONTRACT

AGENT INFORMATION:

PATRIOT BAIL BONDS
1330 L Street
Bakersfield, CA 93301
Telephone (661) 325-2245 Fax (661) 328-0761
License #1844786

CONTRACT DATE: _____

BOND NUMBER: _____

BOND AMOUNT: _____

PREMIUM PAID: _____

I, _____ understand that in signing this bond for obtaining the release of the Defendant, _____, that I am responsible for him/her appearing in Court each time he/she is so ordered. If the defendant fails to follow any and all instructions or orders of the Court or Forfeits this bond, and it becomes necessary to apprehend and surrender him/her to the Court, I understand that I am responsible for any and all expenses incurred as a result of such forfeiture. Further, if a forfeiture occurs and the defendant is not surrendered to the Court within the time prescribed by law, I understand that I am required to pay the FULL AMOUNT of the bond posted, including any unpaid bail premium.

I further understand that the premium owed and/or paid on this bond is fully earned upon the release of the defendant from custody. The fact that the defendant may have been improperly arrested, or his/her bail reduced, or his/her case dismissed, shall not obligate the return or forgiveness of any portion of the premium.

IMPORTANT NOTICES:

I UNDERSTAND THAT COLLATERAL SECURING THE BAIL CANNOT BE RELEASED UNTIL ALL BONDS POSTED FOR THE DEFENDANT HAVE BEEN EXONERATED. THE PROCESS OF RETURNING THE COLLATERAL MAY BE DELAYED IF THE BAIL AGENCY HAS TO RESEARCH AND VERIFY WITH THE COURT THE STATUS OF THE CASE. THE PROCESS WILL BE FASTER IF I PROVIDE WRITTEN VERIFICATION FROM THE COURT OF THE BOND(S) EXONERATION.

ALL EXPENSES AS DESCRIBED IN THE INDEMNITY AGREEMENT WILL BE DEDUCTED FROM COLLATERAL BEFORE RETURNED.

I UNDERSTAND THAT THE COLLATERAL SHALL BE RETURNED TO THE PERSON WHOSE NAME APPEARS AS THE DEPOSITOR ON THE COLLATERAL RECEIPT OR THAT PERSON'S LEGAL ASSIGNEE.

I am not a paid signer. I have no connection with a Bail Bond Consultant. I have read the above contract and understand the obligations, and agree to fulfill ALL of the provisions therein.

Defendant Signature

Defendant Name (Print)

Indemnitor Signature

Indemnitor Name (Print)

Indemnitor Signature

Indemnitor Name (Print)



CALIFORNIA ACKNOWLEDGEMENT OF 8% PREMIUM POLICY

Accredited Surety and Casualty Company, Inc. ("Accredited Surety") has a variable 8% - 10% premium rate filed with the California Department of Insurance for bail bonds written by Bail Agents ("Agent") duly licensed and appointed with Accredited Surety. Qualifications for receiving the 8% premium rate are as follows:

- **Private Counsel** – A letter from the private attorney retained by the defendant or a copy of the contract between the private attorney and defendant must be received by the Agent within ten (10) business days of the bond execution date. The attorney must be retained within five (5) business days of the bond execution date.
- **Union Member** – Defendant must provide Agent with proof of active membership within five (5) business days of the bond execution date. A recent pay stub or a union card with a current expiration date is acceptable proof.
- **Military** – The defendant is an active member of the United States Military or an honorably discharged Veteran of the United States Military. Proof must be provided within five (5) business days.
- **Senior Citizen** – Defendants age 55 or older. An active Driver's License, State Issued ID or Passport must be provided within five (5) business days.
- **Collateral** – Collateral must be provided when the bond is written. Acceptable forms of collateral provided to the Agent are cash, first or second mortgages on improved property or other collateral approved by Accredited Surety.
 - Cash collateral of 50% and above the face amount of the bond qualifies for an 8% premium rate.
 - Mortgages must be executed when the bond is written; mortgages must be recorded within five (5) business days.

Proper evidence must be provided to meet the requirements of California State Law. If proper evidence is received within the allotted time period defined above, you will be notified by mail that the premium rate has been reduced to 8%. Any account balance and promissory note will also be adjusted to reflect the new rate.

By signing below, you acknowledge that you have read and understand the 8% Premium Policy and agree to its terms.

Defendant	Print Name	Date
Indemnitor	Print Name	Date
Indemnitor	Print Name	Date

Accredited Surety and Casualty Company, Inc. • P.O. Box 140855 • Orlando, FL 32814-0855

I understand that the premium owing or paid is fully earned upon the defendant's release from custody, and the fact that the defendant may have been improperly arrested, re-arrested, the case dismissed, or the bail reduced shall not obligate the return or forgiveness of any portion of the premium except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Bail Bond Application and Agreement.

1. Date _____
2. Amount Received _____ Dollars (\$ _____)
3. In the Form of Cash Check Money Order Credit Card Other _____
4. Payer's Name _____
FIRST MIDDLE LAST
5. Payer's Address _____
STREET CITY STATE ZIP
6. In Connection With a Bail Bond(s) for Defendant _____
FIRST MIDDLE LAST
7. Bail Bond Amount(s) _____ Power Nos. (If known) _____
8. Date of Defendant's Arrest _____ Date of Defendant's Release on Bail _____
9. Court Name & Address _____
10. Date & Time of Next Required Court Appearance _____
11. Charged With _____
12. Bail Bond Premium \$ _____
13. *Itemized Expenses (if and as permitted by applicable law)

	\$ _____
	\$ _____
14. Total Charges (Premium Plus any *Itemized Expenses) \$ _____
15. Amount Paid \$ _____
16. Balance Due \$ _____
17. Was Collateral Taken? Yes No If Yes, Collateral Receipt # _____

All other documents executed by Defendant, Indemnitor(s), me, or other party related to the Bail Bond(s) are incorporated into and made a part hereof by reference.

PAID BY _____ PAYER SIGNATURE	RECEIVED BY _____ PRODUCER/REPRESENTATIVE SIGNATURE
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_____ PAYER NAME (PRINTED)	_____ PRODUCER NAME (PRINTED) LICENSE #
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SURETY
 Accredited Surety and Casualty Company, Inc.
 P.O. Box 140855
 Orlando, FL 32814-0855
 800-432-2799

BAIL PRODUCER [Include: name, address, phone no. and license no.]

This California Addendum ("Addendum") is attached to and forms part of the Indemnitor Application and Agreement signed, sealed and delivered by you as the Indemnitor ("Agreement") and is incorporated into the Agreement by this reference. Any capitalized terms used in this Addendum without definition shall have the meanings assigned to these terms by the Agreement.

- 1. IMPORTANT NOTICE! IF THE BOND WILL BE SECURED BY REAL PROPERTY YOU OWN OR IN WHICH YOU HAVE AN INTEREST, PLEASE SEE ATTACHED DISCLOSURE.**
2. The specific expenses for which you are required to indemnify Surety and its bail producer in accordance with the Agreement are as follows:
 - (a) actual, necessary and reasonable expenses incurred in connection with the bail transaction including, but not limited to: (1) guard fees after the first 12 hours following Defendant's release on bail; (2) notary fees, recording fees, necessary long distance telephone expenses (*i.e.*, telephone calls billed by the telephone company as "long distance," but not those for which "message unit" charges only are made); telegram charges, travel expenses and verification of collateral outside of the county where the bail was arranged; a reasonable posting fee charged by a bail producer operating in a county other than that where the bail was arranged (provided that no charge shall be made for travel from the bail producer's office to post bail in an area where the bail producer advertises in the yellow pages of the telephone directory unless the advertisement specifically provides for this charge). Such travel charges, when permitted, may not exceed the amount allowed to be taken as a travel expense for income tax purposes under the federal Internal Revenue Code and related regulations or the amount allowed by the State of California to be claimed for mileage by its employees, whichever the bail producer chooses;
 - (b) actual, reasonable and necessary expenses incurred and caused by Defendant's breach of any of the terms of the Bail Bond Application and Agreement and any other written agreement under which the Bond was written. This reimbursement may not exceed the penal amount of the Bond and may include a reasonable charge for the services of the bail producer and its employees, partners or other persons associated with the bail producer in the transaction of the Bond on behalf of Defendant; and
 - (c) if a forfeiture of bail occurs and is not set aside, any expenses under sections 2(a) and 2(b) above that are incurred within 180 days following the forfeiture (in addition to the amount of the forfeiture) or such additional period as ordered by the court.
3. Any collateral received shall be returned to the person whose name appears as Depositor on the Collateral Receipt or that person's assignee (which assignee may not be the bail producer or its representative) as soon as you are advised that the obligation, the satisfaction of which was secured by the collateral, is discharged. Surety or bail producer shall determine promptly whether the obligation has been discharged upon request for return of the collateral by the Depositor of the collateral or the Depositor's assignee. If the collateral was deposited to secure the obligation of a Bond, the collateral shall be returned immediately upon the entry of any order by an authorized official stating that liability under the Bond is terminated. If Surety or any bail producer having custody of the collateral fails to take promptly any action necessary to secure the termination of such liability, the collateral shall be returned immediately upon the accrual of any right to secure an order of termination of liability. If the collateral was deposited as security for unpaid premium or charges, and if such premium or charges remained unpaid at the time of exoneration and after demand for payment has been made by Surety or its bail producer, the collateral (other than cash) may be levied upon in the manner provided by law, and the proceeds of the collateral may be applied to the amount of the unpaid premium or charges.
4. If collateral received is in excess of the bail forfeited, such excess shall be returned to the person whose name appears as Depositor on the Collateral Receipt after the application of the collateral to the forfeiture and all amounts owed to Surety.
5. Except as expressly provided in this Addendum, all terms and conditions of the Agreement remain in full force and effect. In the event of a conflict between the terms and conditions of the Agreement and this Addendum, this Addendum shall control.
6. This Addendum shall be attached to every Indemnitor Application and Agreement entered into in the State of California.

Signed, sealed and delivered this _____ day of _____, 20____

Signature of Indemnitor _____

Printed Name of Indemnitor _____

PROMISSORY NOTE FOR ADDITIONAL FUTURE PAYMENTS OF COLLATERAL

Amount Promised \$ _____ Date _____

Power No(s) _____ City _____ State _____

1. FOR VALUE RECEIVED, I (we), the undersigned Debtor(s), jointly and severally (together and separately), promise to pay to the order of _____ ("Collateral Holder") the principal sum of _____ (\$ _____) as collateral for the bail bond ("Bond") of _____ ("Defendant"). Payments shall be made at _____ or at such other place as Collateral Holder may from time to time designate in writing according to the following payment plan:

Payment #1: Amount of payment \$ _____ Date payment due: _____

Payment #2: Amount of payment \$ _____ Date payment due: _____

Payment #3: Amount of payment \$ _____ Date payment due: _____

Payment #4: Amount of payment \$ _____ Date payment due: _____

For any additional payments, please see attached schedule.

2. The entire amount of the then outstanding balance under this note shall become due and payable immediately under any one or more of the following events: (i) upon Defendant's failure to appear in the court for which the Bond was posted at any time required by such court; (ii) upon forfeiture of the Bond; or (iii) if any payment is not received by Collateral Holder within ten days following its due date or is returned for insufficient funds, stopped or refused for any reason upon presentation to a financial institution.
3. I (we), jointly and severally (together and separately), hereby waive presentment, protest and demand, notice of protest, dishonor and nonpayment of this note, and expressly agree that, without in any way affecting my (our) liability under this note, Collateral Holder may (i) extend the due date or the time of payment of any payment due under this note, (ii) accept security or partial payments, (iii) release any party liable under this note or any guarantee of this note and (iv) release any security now or later securing this note. The failure of the Collateral Holder to enforce any provision of this note, or to declare a default under this note, shall not be construed as a waiver of the Collateral Holder's entitlement to payment, shall not be construed as a waiver or modification of the terms of this note, and shall not impair the right of the Collateral Holder to declare a default or to strictly enforce the terms of this note.
4. This note shall become null and void only if all of the following are satisfied: (i) Defendant appears in the court for which the Bond was posted at all times required by such court; (ii) Defendant fulfills all conditions of the Bond; (iii) Surety is discharged and exonerated from all liability under the Bond; and (iv) all premium amounts and obligations under the Bond have been paid or satisfied. Otherwise, this note shall remain in full force and effect.
5. If any portion of this note or any application of such provision shall be declared by a court of competent jurisdiction to be invalid or unenforceable, such invalidity or unenforceability shall not affect any other applications of such provision or the remaining provisions which shall, to the fullest extent, remain in full force and effect. Any amendment or modification of this note must be in writing and signed by both Collateral Holder and me (us).
6. I (we) agree to all terms and conditions of this note and acknowledge receipt of a copy of this note. I (we) also agree to pay all collection costs including, without limitation, court costs, reasonable and actual attorneys' fees and expenses, and any other fees permitted by applicable law.

Witness(es)

Debtor(s)

Print Name _____

Print Name _____

Signature _____ Date _____

Signature _____ (Seal) _____ Date _____

Print Name _____

Print Name _____

Signature _____ Date _____

Signature _____ (Seal) _____ Date _____

SURETY
Accredited Surety and Casualty Company, Inc.
P.O. Box 140855
Orlando, FL 32814-0855
800-432-2799

PATRIOT BAIL BONDS
BAIL PRODUCER [Include: name, address, phone, license no.]
1330 L Street
Bakersfield, CA 93301
Telephone (661) 325-2245 Fax (661) 328-0761
License #1844786

CALIFORNIA ADDENDUM TO INDEMNITOR APPLICATION AND AGREEMENT

This California Addendum ("Addendum") is attached to and forms part of the Indemnitor Application and Agreement signed, sealed and delivered by you as the Indemnitor ("Agreement") and is incorporated into the Agreement by this reference. Any capitalized terms used in this Addendum without definition shall have the meanings assigned to these terms by the Agreement.

- 1. IMPORTANT NOTICE! IF THE BOND WILL BE SECURED BY REAL PROPERTY YOU OWN OR IN WHICH YOU HAVE AN INTEREST, PLEASE SEE ATTACHED DISCLOSURE.**

2. The specific expenses for which you are required to indemnify Surety and its bail producer in accordance with the Agreement are as follows:
 - (a) actual, necessary and reasonable expenses incurred in connection with the bail transaction including, but not limited to: (1) guard fees after the first 12 hours following Defendant's release on bail; (2) notary fees, recording fees, necessary long distance telephone expenses (*i.e.*, telephone calls billed by the telephone company as "long distance," but not those for which "message unit" charges only are made); telegram charges, travel expenses and verification of collateral outside of the county where the bail was arranged; a reasonable posting fee charged by a bail producer operating in a county other than that where the bail was arranged (provided that no charge shall be made for travel from the bail producer's office to post bail in an area where the bail producer advertises in the yellow pages of the telephone directory unless the advertisement specifically provides for this charge). Such travel charges, when permitted, may not exceed the amount allowed to be taken as a travel expense for income tax purposes under the federal Internal Revenue Code and related regulations or the amount allowed by the State of California to be claimed for mileage by its employees, whichever the bail producer chooses;
 - (b) actual, reasonable and necessary expenses incurred and caused by Defendant's breach of any of the terms of the Bail Bond Application and Agreement and any other written agreement under which the Bond was written. This reimbursement may not exceed the penal amount of the Bond and may include a reasonable charge for the services of the bail producer and its employees, partners or other persons associated with the bail producer in the transaction of the Bond on behalf of Defendant; and
 - (c) if a forfeiture of bail occurs and is not set aside, any expenses under sections 2(a) and 2(b) above that are incurred within 180 days following the forfeiture (in addition to the amount of the forfeiture) or such additional period as ordered by the court.

3. Any collateral received shall be returned to the person whose name appears as Depositor on the Collateral Receipt or that person's assignee (which assignee may not be the bail producer or its representative) as soon as you are advised that the obligation, the satisfaction of which was secured by the collateral, is discharged. Surety or bail producer shall determine promptly whether the obligation has been discharged upon request for return of the collateral by the Depositor of the collateral or the Depositor's assignee. If the collateral was deposited to secure the obligation of a Bond, the collateral shall be returned immediately upon the entry of any order by an authorized official stating that liability under the Bond is terminated. If Surety or any bail producer having custody of the collateral fails to take promptly any action necessary to secure the termination of such liability, the collateral shall be returned immediately upon the accrual of any right to secure an order of termination of liability. If the collateral was deposited as security for unpaid premium or charges, and if such premium or charges remained unpaid at the time of exoneration and after demand for payment has been made by Surety or its bail producer, the collateral (other than cash) may be levied upon in the manner provided by law, and the proceeds of the collateral may be applied to the amount of the unpaid premium or charges.

4. If collateral received is in excess of the bail forfeited, such excess shall be returned to the person whose name appears as Depositor on the Collateral Receipt after the application of the collateral to the forfeiture and all amounts owed to Surety.

5. Except as expressly provided in this Addendum, all terms and conditions of the Agreement remain in full force and effect. In the event of a conflict between the terms and conditions of the Agreement and this Addendum, this Addendum shall control.

6. This Addendum shall be attached to every Indemnitor Application and Agreement entered into in the State of California.

Signed, sealed and delivered this _____ day of _____, 20_____

Signature of Indemnitor _____

Printed Name of Indemnitor _____

You, the undersigned Indemnitor ("Indemnitor" or "you"), hereby represent and warrant that the following declarations made and answers given are true, complete and correct and are made for the purpose of inducing Accredited Surety and Casualty Company, Inc. ("Surety") to issue, or cause to be issued, bail bond(s) or undertaking(s) for you (singularly or collectively the "Bond") for

_____ ("Defendant") using power of attorney number(s) (if known)
_____, in the total amount of _____ Dollars

(\$ _____) in the _____ Court of _____

1. INDEMNITOR'S NAME AND ADDRESS

Name _____ FIRST _____ MIDDLE _____ LAST _____ Nickname/Alias _____
Home Phone _____ Cell Phone _____ Work Phone _____
Email _____
Current Home Address _____
How Long _____ Rent or Own Landlord _____ Phone _____
Former Home Address _____
How Long _____ Rent or Own Landlord _____ Phone _____

2. PERSONAL DESCRIPTION

Date of Birth _____ Where Born _____ Sex Male Female Race _____
CITY & STATE
Social Security # _____ Driver's License # _____ Issuing State _____
How Long in U.S. _____ U.S. Citizen Yes No Nationality _____ Alien # _____
Union _____ Local # _____ Military Service Branch _____ Active Yes No Discharge Date _____
Additional Notes _____

3. EMPLOYMENT

Occupation _____ Employer _____ Work Phone _____
How Long _____ Employer Address _____ Supervisor's Name _____

4. MARITAL STATUS/CHILDREN

Married Divorced Separated Widowed Single Cohab
Spouse/Girl/Boyfriend's Name _____ FIRST _____ MIDDLE _____ LAST _____ How Long Married/Together _____
Address (if different) _____
Email _____ Social Security # _____
Home Phone (if different) _____ Cell Phone _____
Occupation _____ Employer _____ How Long _____ Employer Phone _____

5. AUTOMOBILE

Year _____ Make _____ Model _____ Color _____ Plate # _____ State _____
Where Financed _____ Amount Owed \$ _____

6. REFERENCES

Name _____ Relation _____
Address _____ Employer _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name _____ Relation _____
Address _____ Employer _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name _____ Relation _____
Address _____ Employer _____
Home Phone _____ Work Phone _____ Cell Phone _____

7. FINANCIAL STATEMENT/CREDIT INFORMATION

Cash On Hand \$ _____ Cash In Bank \$ _____
Real Estate Value \$ _____ Real Estate Mortgage \$ _____
In Whose Name Is Title _____ Monthly Salary Or Wages \$ _____

BAIL PRODUCER [Include: name, address, phone no. and license no.]

FLORIDA RESIDENTS Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

I AGREE TO THE TERMS SET FORTH ON PAGE 1 (FRONT) AND PAGE 2 (BACK) OF THIS AGREEMENT.

Signed, Sealed And Delivered at _____, this _____ day of _____, 20____
WITNESS _____ **INDEMNITOR** _____

Sign _____ Sign _____

Print _____ Print _____



Accredited Surety and Casualty Company, Inc.
 P.O. Box 140855 • Orlando, FL 32814-0855
 4798 New Broad Street • Suite 200 • Orlando, FL 32814

BAIL BOND APPLICATION AND AGREEMENT

(Please answer each question in full. Please print answers)

THIS IS A 2 PAGE DOCUMENT - Read Both Sides Carefully

You, the undersigned Defendant ("Defendant" or "you"), hereby represent and warrant that the following declarations made and answers given are true, complete and correct and are made for the purpose of inducing Accredited Surety and Casualty Company, Inc. ("Surety") to issue, or cause to be issued, bail bond(s) or undertaking(s) for you (singularly or collectively the "Bond"), using power of attorney number(s)

(if known) _____, in the total amount of _____ Dollars (\$) in the _____ Court of _____

1. DEFENDANT'S NAME AND ADDRESS

Name _____ Nickname/Alias _____
FIRST MIDDLE LAST
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email _____
 Current Home Address _____
 How Long _____ Rent or Own Landlord _____
 Former Home Address _____ How Long _____ Rent or Own Landlord _____
 How Long Resided In Current City _____ How Long In Current State _____

2. PERSONAL DESCRIPTION

Date of Birth _____ Where Born _____ Sex Male Female Race _____
CITY & STATE
 Social Security # _____ Driver's License # _____ Issuing State _____
 Height _____ Weight _____ Eye Color _____ Hair Color _____ Scars, Marks, Tattoos _____ Complexion _____
 How Long in U.S. _____ U.S. Citizen Yes No Nationality _____ Alien # _____
 Any Medical Conditions/Disabilities _____
 Union _____ Local # _____ Military Service Branch _____ Active Yes No Discharge Date _____

3. ARREST INFORMATION

Date of Arrest _____ Booking Name (if different) _____ Arresting Agency _____
 Jail Location _____ Booking # _____
 Charges _____
 Previous Arrests:

CHARGES	DATE	WHERE

 Pending Charges in Other Counties _____
 Are You On Probation Yes No Parole/Probation Officer Name And Phone # _____
 Are You Now Under Any Bond Yes No Have You Ever Failed To Appear In Court Yes No
 Bonded Before By _____ When _____

4. EMPLOYMENT

All Occupations For The Past 5 Years _____
 Current Employer Name _____ How Long _____ Position _____
 Supervisor's Name _____ Work Phone _____
 Most Recent Former Employer Name _____ How Long _____ Position _____
 Supervisor's Name _____ Work Phone _____
 Next Most Recent Former Employer Name _____ How Long _____ Position _____
 Supervisor's Name _____ Work Phone _____

5. MARITAL STATUS/CHILDREN

Married Divorced Separated Widowed Single Cohab
 Spouse/Girl/Boyfriend's Name _____ How Long Married/Together _____
FIRST MIDDLE LAST
 Address (if different) _____ Email _____
 Home Phone _____ Cell Phone _____ Social Security # _____
 Occupation _____ Employer _____ How Long _____
 Supervisor's Name _____ Work Phone # _____
 Child's Name _____ Date of Birth _____ School/Employer _____ Other Parent's Name _____
 Child's Name _____ Date of Birth _____ School/Employer _____ Other Parent's Name _____

6. VEHICLE

Describe Auto: Year _____ Make _____ Model _____ Color _____ Plate # _____ State _____
 Where Financed _____ Amount Owed _____
 Insurance Agent's Name _____ Insurance Agent's Phone _____

7. ATTORNEY

Name And Firm _____ Phone # _____

8. RELATIVES AND FRIENDS

Father's Name _____ Address _____ Home Phone _____
 Cell Phone _____ Work Phone _____ Employer _____ Email _____
 Mother's Name _____ Address _____ Home Phone _____
 Cell Phone _____ Work Phone _____ Employer _____ Email _____
 Other Relative/Friend's Name _____ Relation _____ Address _____
 Cell Phone _____ Work Phone _____ Employer _____ Email _____
 Other Relative/Friend's Name _____ Relation _____ Address _____
 Cell Phone _____ Work Phone _____ Employer _____ Email _____

9. OTHER CONDITIONS - Refer To Item 3) On Reverse Side

BAIL PRODUCER [include: name, address, phone no. and license no.]

FLORIDA RESIDENTS Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
NEW YORK RESIDENTS must also sign Page 2 (back) of this Agreement.

I AGREE TO THE TERMS SET FORTH ON PAGE 1 (FRONT) AND PAGE 2 (BACK) OF THIS AGREEMENT.

Signed, Sealed And Delivered at _____ this _____ day of _____, 20 _____

Signature of Witness _____ Signature of Defendant _____

Print _____ Print _____

Accredited

Privacy Notice

This Notice applies to Accredited Holding Corporation and its affiliated companies Accredited Surety and Casualty Company, Inc., Accredited Bond Agencies, Inc., and Accredited Group Agency, Inc. The word Accredited is used in the notice to refer to the companies listed above.

Accredited believes strongly in the protection of personal privacy and is committed to complying with the state and federal regulations that govern the collection and use of personal information. This notice explains to you how Accredited handles and protects the information we collect.

Accredited collects and uses customer information for legitimate business purposes. Accredited does not sell lists of our customers, nor do we disclose customer information to marketing companies except to companies we may hire to provide specific services as permitted by law.

Accredited obtains non-public information about you from the following sources:

- Information we receive from you, such as information on applications or other related forms, which may include your name, address, age, and social security number.
- Information we receive from consumer reporting agencies, government agencies, credit references, employers, insurance companies, attorneys, and financial institutions, such as your credit history, verification of employment, criminal history and net income.
- Information about your transactions with us such as policy coverage, premiums and payment history.

Accredited does not disclose any non-public personal information about you or former customers to anyone except as permitted by law.

- As permitted by law. For example, providing information to industry regulators, to law enforcement agencies, for fraud prevention, to credit bureaus, and to third parties that assist us in processing the product or service you have requested.
- With parties that assist Accredited in promoting our own products and services, such as printers, and mail houses.
- Under the Fair Credit Reporting Act, to our Affiliates, so long as the information disclosed is Transaction and Experience Information and
- To Affiliates and Nonaffiliated Third Parties to the extent necessary to process, obtain, service, maintain, administer or enforce the service or product that you have requested we provide.

Accredited protects the confidentiality and security of your personal information.

Accredited restricts access to non-public personal information about you to our employees, and agents who need this information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your non-public personal information.

Individual rights

You have a right to review your personal information and to request that we correct, amend or delete the information on file.

Web Privacy

When you visit Accredited's web site, the Web server automatically collects and maintains statistical information from our site's data logs that concern network traffic flow and volume. The Web server recognizes the name of the Internet domain, the IP address from which you accessed the site, and the time and date. This information does not identify personal e-mail addresses or other personal information. The site's data log collects this information in aggregate form. The information is used to improve the usefulness of the web site. Accredited's web site does not use cookies to collect individual information about you and your web site usage.

Right to Privacy Notification

Accredited provides the Privacy Notice so that customers will be confident in understanding how Accredited handles and protects the information we collect. An annual Privacy Notice is sent only to customers who maintain an on-going relationship with Accredited. Our Privacy Policy is available for review online at www.accredited-inc.com.

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