

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 \_\_\_\_\_ Nickname/Alias \_\_\_\_\_  
FIRST MIDDLE LAST

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 \_\_\_\_\_ How Long Married/Together \_\_\_\_\_  
FIRST MIDDLE LAST

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 \_\_\_\_\_