

American Contractors Indemnity Company



**A MEMBER OF HCC SURETY GROUP
APPLICATION AND AGREEMENT
FOR SURETY BAIL BOND**

D.O.B. _____ Sex _____ Exec. Date _____
 Race _____ Moustache _____ Arr. Date _____
 Height _____ Weight _____ Bond No. _____ Amt. \$ _____ Booking # _____
 Hair _____ Eyes _____ Bond No. _____ Amt. \$ _____ Where Held _____
 I.D. Marks _____ Glasses _____ Where Born _____ Arr. By _____
 S.S. # _____ D.L. # _____ C.I.I. # _____ F.B.I. # _____

Booking Name _____ A.K.A. _____
 Charges _____ Case # _____ Date to Appear _____ Time _____
 Court _____ Jud. Dist. _____ Div. Or Dept. _____ County _____

St. Add _____ City _____ Phone _____ How long _____
 Former Add. _____ City _____ State _____ How long _____
 Years in City _____ County _____ State _____ Last County _____ Last State _____
 Employed By _____ Occupation _____ Work Phone _____ How long _____
 Employer's Add. _____ Superior _____ Mo. Income _____ Shift _____
 Previous Employer _____ Address _____ City _____ When _____
 Previous Arrest Charge _____ Court _____ County _____ When _____
 Disposition _____ Previous Bail _____ With Who _____ Amount \$ _____ Case Pending? _____
 On Probation? _____ Where _____ Probation Officer _____
 Vehicle - Make _____ Model _____ Year _____ Color _____ License # _____
 Union _____ Local # _____ Co-Defendants _____
 Credit Ref. & Accts. # ' _____

Spouse _____ Add. _____ Phone _____ How long _____
 Employed By _____ Add. _____ City _____ Work Phone _____
 Occupation _____ Superior _____ Mo. Income _____ How long _____
 Married? - When _____ Where _____ Spouse's Maiden Name _____ DOB _____
 Spouse's Vehicle - Make _____ Model _____ Year _____ Color _____ License # _____
 Previous Spouse _____ Add. _____ City _____ Phone _____
 Children - Name & Age _____ School _____
 Mother _____ Add. _____ City _____ Phone _____
 Father _____ Add. _____ City _____ Phone _____
 Spouse's Mother _____ Add. _____ City _____ Phone _____
 Spouse's Father _____ Add. _____ City _____ Phone _____
 Def. Brother _____ Add. _____ City _____ Phone _____
 Dif. Sister _____ Add. _____ City _____ Phone _____
 Personal Reference _____ Add. _____ City _____ Phone _____
 Personal Reference _____ Add. _____ City _____ Phone _____

Indemnitor _____ Add. _____ City _____ Zip _____
 Social Security # _____ D.L. # _____ DOB _____ Relation to Def. _____ Phone _____
 Employed By _____ Add. _____ Phone _____
 Occupation _____ How long _____ Superior _____ Monthly Income _____
 Bank _____ Branch _____ Account # _____ Type _____ Balance _____
 Spouse _____ Add. _____ Phone _____
 Employed By _____ Add. _____ Phone _____
 Occupation _____ How long _____ Superior _____ Monthly Income _____
 Vehicle - Make _____ Model _____ Year _____ Color _____ License # _____
 Registered Owner _____ Legal Owner _____ Liens _____
 Real Property _____ In Who's Name _____ How Long _____
 Lot _____ Block _____ Tract _____ Maps in Book _____ Page _____
 Value _____ Equity _____ Financed By _____ A.P. No. _____
 Credit Ref. & Accts. #'s _____

I certify that the above is true and correct. I further understand this is an application for a type of credit, and authorize review of my credit history via credit reporting agency checks.

DATE

SIGNATURE OF INDEMNITOR

STATEMENT OF INFORMATION REQUIRED BY SECTION 2100, CALIFORNIA REGULATORY CODE, AND WHICH MAY BE REQUIRED IN OTHER STATE

Full name of person supplying information	Name of person negotiating bail	Name of person receiving information
Address	Address	Date and time information received
Connection or relationship to defendant	Name of person negotiating bail	Name of person receiving information
If same was defendant, how did he communicate?	Name of licensee who negotiated transaction	Name of other agent involved and commission paid
If writ, _____ Name of Attorney	Name and sum paid unlicensed persons and service performed	

Was consideration other than money received? YES [] NO [] If yes, explain in detail and attach statement