

**CONFIDENTIAL APPLICATION AND INDEMNITY FOR BAIL BOND**

Cause Number: \_\_\_\_\_

(All questions Must Be Answered in Full)

Court Date: \_\_\_\_\_

I, the undersigned, do hereby apply to UNIVERSAL FIRE &amp; CASUALTY INSURANCE CO. to act as my bail in the amount of

\$ \_\_\_\_\_ in the \_\_\_\_\_ court of \_\_\_\_\_ wherein I am charged with \_\_\_\_\_  
 and \_\_\_\_\_

**TERMS AND CONDITIONS**

The following terms and conditions are an integral part of this application for appearance BOND# \_\_\_\_\_  
 for which UNIVERSAL FIRE & CASUALTY INSURANCE CO. (hereinafter called the SURETY), or its Agent shall receive a premium in the amount of \_\_\_\_\_ (\$ \_\_\_\_\_) Dollars, and the parties agree that said appearance Bond is conditioned upon full compliance by the principal of all said terms and conditions and is a part of said bond and application therefore.

1. The SURETY, as bail, shall have control and jurisdiction over the principal during the term for which the bond is executed and shall have the right to apprehend, arrest and surrender the principal to the proper officials at any time as provided by law.
2. It is understood and agreed that the happening of any one of the following events shall constitute a breach of principal's obligations to the SURETY hereunder, and the SURETY shall have the right to forthwith apprehend, arrest and surrender principal, and principal shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of principal's obligations hereunder are:
  - (a) If principal shall depart the jurisdiction of the court without the written consent of the court and the SURETY or its Agent.
  - (b) If principal shall move from one address to another within the State of \_\_\_\_\_ without notifying the SURETY or its agent in writing prior to said move.
  - (c) If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond.
  - (d) If principal is arrested and incarcerated for any other offense other than a minor traffic violation.
  - (e) If principal shall make any material false statement in the application.

1. Name \_\_\_\_\_ Resident Phone # \_\_\_\_\_
2. Address \_\_\_\_\_ How Long \_\_\_\_\_  
 Previous \_\_\_\_\_ How Long \_\_\_\_\_
3. Employer \_\_\_\_\_ Phone # \_\_\_\_\_ How Long \_\_\_\_\_  
 Former Employer \_\_\_\_\_ Phone # \_\_\_\_\_ How Long \_\_\_\_\_
4. D.O.B. \_\_\_\_\_ Where \_\_\_\_\_ How long this country \_\_\_\_\_  
 Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Comp. \_\_\_\_\_  
 Occupation \_\_\_\_\_ Scars, marks or tattoos visible \_\_\_\_\_
5. Husband or wife \_\_\_\_\_ Employer \_\_\_\_\_ How long married \_\_\_\_\_
6. Children – Age \_\_\_\_\_ School \_\_\_\_\_
7. Own or rent home \_\_\_\_\_ From whom \_\_\_\_\_
8. Full description of auto \_\_\_\_\_ Tag # \_\_\_\_\_
9. Dr. Lic. # \_\_\_\_\_ S.S. # \_\_\_\_\_
10. List all previous arrests \_\_\_\_\_
11. Bonded before by \_\_\_\_\_ Still indebted \_\_\_\_\_

NAME	OCCUPATION	ADDRESS - PHONE #
Attorney _____		
Father _____		
Mother _____		
Brother _____		
Brother _____		
Sister _____		
Brother-in-law _____		
Sister-in-law _____		
Father-in-law _____		
Mother-in-law _____		
Best Friend _____		

How did you hear about our Bond Agency? ☐ Phone Book ☐ Jail ☐ Card ☐ Sign ☐ Friend

Receipt # \_\_\_\_\_ (This number is required on the power and on this form)

For good and valuable consideration, the undersigned principal hereby agrees to indemnify and/or hold harmless, UNIVERSAL FIRE & CASUALTY INSURANCE CO. or its Agent for any and all losses not otherwise prohibited by law, or rules and regulations promulgated under any applicable statute.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Reason Declined \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date Contacted \_\_\_\_\_ Time Contacted \_\_\_\_\_ By Whom \_\_\_\_\_

**WHITE - AGENTS COPY****YELLOW - COMPANY COPY**

**Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Indemnitor(s) initial

## INDEMNITOR INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_ Rel to Def. \_\_\_\_\_

Employed By \_\_\_\_\_ Address / City, \_\_\_\_\_ Ph. \_\_\_\_\_

Occupation \_\_\_\_\_ How long \_\_\_\_\_ Superior \_\_\_\_\_ Monthly Income \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Acct. Type \_\_\_\_\_ Balance \_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_

Employed By \_\_\_\_\_ Address / City, \_\_\_\_\_ Ph. \_\_\_\_\_

Real Property \_\_\_\_\_ in Whose Name \_\_\_\_\_ How Long \_\_\_\_\_

Value \_\_\_\_\_ Purchase Price \_\_\_\_\_ Equity \_\_\_\_\_ Financed by \_\_\_\_\_

Authority is hereby granted to agent or company executing the above bond obligation to request and be furnished any information concerning my above statement and financial standing, credit or manner of meeting obligations. The above statement is true and correct statement to the best of my knowledge.

**I CERTIFY THAT THE ABOVE  
INFORMATION IS CORRECT AND TRUE**

Signature of Indemnitor

Date

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Indemnitor(s) initial

## INDEMNITOR INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_ Rel to Def. \_\_\_\_\_

Employed By \_\_\_\_\_ Address / City, \_\_\_\_\_ Ph. \_\_\_\_\_

Occupation \_\_\_\_\_ How long \_\_\_\_\_ Superior \_\_\_\_\_ Monthly Income \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Acct. Type \_\_\_\_\_ Balance \_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_

Employed By \_\_\_\_\_ Address / City, \_\_\_\_\_ Ph. \_\_\_\_\_

Real Property \_\_\_\_\_ in Whose Name \_\_\_\_\_ How Long \_\_\_\_\_

Value \_\_\_\_\_ Purchase Price \_\_\_\_\_ Equity \_\_\_\_\_ Financed by \_\_\_\_\_

Authority is hereby granted to agent or company executing the above bond obligation to request and be furnished any information concerning my above statement and financial standing, credit or manner of meeting obligations. The above statement is true and correct statement to the best of my knowledge.

**I CERTIFY THAT THE ABOVE  
INFORMATION IS CORRECT AND TRUE**

Signature of Indemnitor

Date

A few facts about the case \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF THE DEFENDANT FAILS TO APPEAR AT ANY COURT DATE, ALL OBLIGATIONS, COSTS, EXPENSES AND FEES SHALL BE ACCELERATED AND BECOME IMMEDIATELY DUE.**

## INDEMNITY AGREEMENT

WHEREAS, UNIVERSAL FIRE & CASUALTY INSURANCE CO., an Indiana Corporation, (hereinafter called the Surety), at the request of the undersigned, and upon the SURETY hereof, has or is about to become SURETY on an appearance bond for \_\_\_\_\_ in the sum of \_\_\_\_\_ Dollars by its certain bond or undertaking, a copy of which is attached hereto and make a part hereof:

NOW THEREFORE, in consideration of the premises and the sum of one dollar in hand paid, receipt whereof by each of us is hereby acknowledged, the undersigned do hereby undertake, agree and bind themselves, their legal representatives, successors and assigns, as follows:

1. That the undersigned will have the aforesaid \_\_\_\_\_ forthcoming before the above court named in said bond, attached hereto, at the time therein fixed, and from day to day and term to term thereafter, as may be ordered by the said court.
2. That the undersigned will at all times indemnify and save the said SURETY harmless from and against every and all claim, demand, liability, cost, charge, counsel fee, expense, suit order, judgment or adjudication whatsoever which the said SURETY shall or may for any cause at any time sustain or incur, by reason or in consequence of the said SURETY having executed said bond or undertaking, will upon demand, place the said SURETY in funds to meet every claim, demand, liability, cost, charge, counsel fee, expense, suit order, judgement or adjudication against it, by reason of such Suretyship, and before it shall be required to pay the same.
3. That the voucher or other evidence of any payment made by the said SURETY, by reason of such Suretyship, shall be conclusive evidence of such payment against the undersigned and the undersigned's estate both as to the propriety thereof and as to the extent of the liability thereof to the said SURETY.
4. That the said SURETY may withdraw from its Suretyship upon said bond or undertaking at any time that it may see fit, as provided by law.
5. That the agreement shall not be returned by the said SURETY at the time it shall be satisfied of the termination of its liability under said bond or obligation, but shall be retained as security for any liability that may at any time thereafter occur.
6. That the failure of any of the undersigned to comply with the provisions of this agreement of indemnity shall be binding upon the others.
7. If any provision or provisions of this instrument be void or unenforceable under the laws of anyplace governing its construction or enforcement, this instrument shall not be void or vitiated thereby but shall be construed and enforced with the same effect as though such provision or provisions were omitted.

IN WITNESS WHEREOF, the undersigned have duly executed these presents this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF INDEMNITOR (SEAL)

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF INDEMNITOR (SEAL)

Address \_\_\_\_\_

Address \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared \_\_\_\_\_,

\_\_\_\_\_ to me known to be the person described in and who executed the foregoing instrument and

\_\_\_\_\_ thereupon acknowledged to me that \_\_\_\_\_ executed the same.

My Commission Expires \_\_\_\_\_

NOTARY

## PROMISSORY NOTE

\$ \_\_\_\_\_, \_\_\_\_\_  
City and State

On demand after date, for value received, \_\_\_\_\_ Promise to pay to the order of Midwest Bonding, Inc. \_\_\_\_\_ DOLLARS, at 518 Branch Ct., Columbia City, IN 46725, with interest thereon at the rate of \_\_\_\_\_ per cent, per annum from Call Date until fully paid. Interest payable semi-annually. The maker and endorser of this note further agree to waive demand, notice of non-payment and protest; and in case suit shall be brought for the collection hereof, of the same has to be collected upon demand of an attorney, to pay reasonable attorney's fees for making such collection. Deferred interest payments to bear interest from maturity at \_\_\_\_\_ per cent, per annum payable semi-annually.

It is further agreed and specifically understood that this note shall become Null and Void in the event the said defendant \_\_\_\_\_ shall appear in the proper court at the time or times so directed by the Judge or Judges of competent jurisdiction until the obligations under the appearance bond or bonds posted on behalf of the defendant have been fulfilled and the Surety discharged of all liability thereunder, otherwise to remain in full force and effect.

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF INDEMNITOR

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF INDEMNITOR

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF DEFENDANT

WHITE - AGENTS COPY    YELLOW - COMPANY COPY