

# LEXINGTON NATIONAL INSURANCE CORPORATION

## CONFIDENTIAL APPLICATION FOR BAIL BOND

(All Questions Must Be Answered in Full)

I, the undersigned, do hereby apply to the LEXINGTON NATIONAL INSURANCE CORPORATION, to act as my bail in the amount of \$ \_\_\_\_\_, in the \_\_\_\_\_ court of \_\_\_\_\_ wherein I am charged with \_\_\_\_\_.

1. Name \_\_\_\_\_ Residence Phone # \_\_\_\_\_
2. Alias \_\_\_\_\_ Nickname \_\_\_\_\_ Pager # \_\_\_\_\_ Cell # \_\_\_\_\_  
Address \_\_\_\_\_ How Long? \_\_\_\_\_
3. Employer \_\_\_\_\_ Phone # \_\_\_\_\_ How Long? \_\_\_\_\_  
Former Employer \_\_\_\_\_ Phone # \_\_\_\_\_ How Long? \_\_\_\_\_
4. D.O.B. \_\_\_\_\_ Where? \_\_\_\_\_ How long in this county? \_\_\_\_\_  
Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Complexion \_\_\_\_\_  
Occupation \_\_\_\_\_ Scars, Marks or Tattoos \_\_\_\_\_
5. Spouse's Name \_\_\_\_\_ Employer & Phone \_\_\_\_\_ How long married? \_\_\_\_\_
6. Children - Age - School \_\_\_\_\_
7. Own or rent home \_\_\_\_\_ From Whom? \_\_\_\_\_
8. Full description of auto \_\_\_\_\_ Tag No. \_\_\_\_\_  
Where financed \_\_\_\_\_ Amount Owed \_\_\_\_\_
9. Dr. Lic. \_\_\_\_\_ S.S. \_\_\_\_\_ Life Ins. Co. \_\_\_\_\_
10. Name and number of any labor union, club, lodge, or etc. \_\_\_\_\_
11. List all previous arrests \_\_\_\_\_
12. Bonded before by \_\_\_\_\_ Still indebted \_\_\_\_\_

	NAME	EMPLOYER	ADDRESS - PHONE
Attorney	_____	_____	_____
Father	_____	_____	_____
Mother	_____	_____	_____
Brother	_____	_____	_____
Brother	_____	_____	_____
Sister	_____	_____	_____
Sister	_____	_____	_____
Brother-in-Law	_____	_____	_____
Sister-in-Law	_____	_____	_____
Father-in-Law	_____	_____	_____
Mother-in-Law	_____	_____	_____
Friend	_____	_____	_____

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_ AGENT \_\_\_\_\_

Arresting Officer: \_\_\_\_\_

Companion Cases: \_\_\_\_\_

Few facts about Case: \_\_\_\_\_

FINANCIAL STATEMENT OF \_\_\_\_\_ INDEMNITOR

Address \_\_\_\_\_ Phone \_\_\_\_\_ Own home or rent \_\_\_\_\_

Bus. or Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

How long a resident \_\_\_\_\_ How long employed at present job \_\_\_\_\_

I have on deposit \$ \_\_\_\_\_ Checking \_\_\_\_\_ Bank \_\_\_\_\_

\$ \_\_\_\_\_ Savings \_\_\_\_\_ Bank \_\_\_\_\_

Real Estate Owned: \_\_\_\_\_ Auto: Make \_\_\_\_\_ Year \_\_\_\_\_

Mortgagee \_\_\_\_\_ License \_\_\_\_\_ Legal Owner \_\_\_\_\_

Amount of Mortgage \$ \_\_\_\_\_ Lien \_\_\_\_\_

Value \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_ Financed by \_\_\_\_\_

Operator License \_\_\_\_\_

Credit and Personal References - give addresses - on accounts give amount due and whose name account is in:

Stocks or other assets: \_\_\_\_\_ Monthly income \_\_\_\_\_

Wife or husband's name \_\_\_\_\_ Other income \_\_\_\_\_

Parents \_\_\_\_\_ Address \_\_\_\_\_

Other \_\_\_\_\_

TERMS AND CONDITIONS

The following terms and conditions are an integral part of this Application for appearance BOND(S)# \_\_\_\_\_ dated \_\_\_\_\_ for which LEXINGTON NATIONAL INSURANCE CORPORATION (Hereinafter called SURETY), or its Agent shall receive a premium in the amount of \_\_\_\_\_ (\$ \_\_\_\_\_ ) Dollars, and the parties agree that said appearance bond(s) is conditioned upon full compliance by the principal of all said terms and conditions and is a part of said bond(s) and application there-fore.

1. The SURETY, as bail, shall have control and jurisdiction over the principal during the term for which 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. In the event surrender of principal is made prior to the time set for principal's appearances, and for reason other than as enumerated below in paragraph 3, then principal shall be entitled to a refund of the bond premium.
3. 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 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.

OTHER CONDITIONS \_\_\_\_\_

The undersigned hereby warrant(s) that the foregoing declarations made and answers give are the truth without reservation and are made for the purpose of inducing the SURETY to become surety or to procure suretyship on the bond or undertaking applied for herein, with the intent and purpose that they be fully relied on.

For good and valuable consideration, the undersigned hereby agrees to indemnify and/or hold harmless, LEXINGTON NATIONAL INSURANCE CORPORATION and/or its Agent for any and all losses not otherwise prohibited by law, or rules and regulations promulgated under any applicable statute. In addition, the undersigned does here by waive any and all rights it may have under Title 28 Privacy Act-Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law, and further consents to and authorizes the SURETY and/or its Agent, to obtain any and all private or public information and/or records concerning the undersigned from any party or agency, private or governmental (local, State, Federal), including, but not limited to, credit reports, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, school records, worker compensation records, and employment records. The undersigned authorizes, without reservation, any party or agency, private or governmental (Local, State, Federal), contacted by SURETY, and/or its Agent, to furnish any and all private and public information and records in their possession concerning the undersigned to SURETY, and/or its Agent, and directs that a copy of this document shall serve as evidence of said authorization.

Florida Fraud Statement - 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 Jersey Fraud Statement - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Pennsylvania Fraud Statement - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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

Signature of Principal/defendant \_\_\_\_\_

Mailing Address \_\_\_\_\_