

ACCREDITED SURETY AND CASUALTY COMPANY, INC. CONFIDENTIAL INDEMNITY APPLICATION

FIRST NAME	AST NAME VIIDDLE NAME LAST NAME NICKNAME , STE														STREET	T NAME	:					
																TATE	ZIP		LION	LONG?		
CURRENT ADDR	URPENT ADDRESS (STREET APT OR SUITE 4)																		now	CONG-		
	RENT FROM WHOM					in the state of th			ME OF APARTMENT : CONDO													
PREVIOUS ADDR	PREVIOUS ADDRESS (IF LESS THAN 5 YEARS)														EMAIL ADDRESS							
HOME PHONE	HOME PHONE WORK PHONE														CELL PHONE							
SEX RACE HT WT							EYES HAIR				008			8	BIRTHPLACE							
DR LICENSE NO								STATE	E ISSUEO			S S. #										
	WHAT IS YOUR RELATIONSHIP TO THE DEFENDANT?															HOW LONG HAVE YOU KNOWN THE DEFENDANT?						
WHAT IS YOUR																						
U.S. CITIZE	U.S. CITIZEN YES NO IF NO WHAT COUNTRY EO YOU HOLD CITIZENSHIP?																					
LEGAL RESIDENT ALIEN YES NO RESIDENT ALIEN REGISTRATION NUMBER OTHER - VISITING FROM:																						
CURRENT EMPL	OYER											00	CUPATION		HOW FONG?							
EMPLOYER ADD	RESS										CITY				STATE ZIP PHONE							
	OVER 40			DE DI	DED.		LOA?	en T	ОТНЕ	R					IF OTHER WHO PAYS YOUR BILLS?							
IF UNEMPLOYED, ARE YOU RETIRED DISABLED NOTES HOW LONG? PHONE															HONE							
PREVIOUS EMPL	.U7EH			, , , , , , , , , , , , , , , , , , ,	1								<u> </u>									
CHILD'S NAME AGE SCHOOL																				.,		
CHILD'S NAME				AGE	E	SCH00	IOOL							in the second se								
AUTO	YEAR	WAKE		MODE	i.		COLC	DR.	Τ	TAG I	NUMBER		STATE	WHE	RE FINAN	(CEO			Ah	IQUNT OWED		
HAVE YOU EVER FILED BANKRUPTCY?							L S		NO			IF YES, WHEN			•							
WHERE DO YOU	WHAT BRANCH?				F	7 CHEC	KING	NG ☐ SAVINGS				☐ MONEY MARKET										
			ADDRESS				The Committee of the Co															
REFERENCE								HONE				L							·			
PRIMARY CONTACT INFORMATION WIFE] HUS				FRIEND		FRIEND [
INDEMNITOR'S NAME							ADDRESS						ÇITY		5	STATE ZIP		INDEMNITOR'S CELL PHONE				
INDEMNITOR'S C	OURRENT EMP	EMPLOYERS ADDRESS							CITY		S	TATE	ZIP		EMPLOYER'S PHONE							
						L											l		<u></u>			
Vou are assum	ina specific r	obligations	- READ	CAREF	- -ULLY!						AGRE											
You are assuming specific obligations - READ CAREFULLY! WHEREAS ACCREDITED SURETY AND CASUALTY COMPANY, INC., a Florida Corporation, (hereafter called the SURETY) at the request of the undersigned, and upon the SURETY WHEREAS ACCREDITED SURETY AND CASUALTY COMPANY, INC., a Florida Corporation, (hereafter called the SURETY) at the request of the undersigned, and upon the SURETY														the SURETY								
thereof, has or is about to become SURETY on an appearance bond for														n bond or un-								
dertaking, a co NOW THEREF	ORE, in con	sideration	of the pr	omises	and the	e sum of	one c	ioilar ha	and pa	aid, re	ceipt wi	ereof	by each of	us is h	nereby a	cknov	vledge	d, the ur	dersi	gned hereby d	io undertake,	
agree and bind themselves, their legal representatives, successors and assigns, as follows: 1. That the undersigned will have the aforesaid																						
Dond, attached hereto, at the time therein fixed, 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, defend and save the SURETY harmless from and against every and all claim, demand, liability, cost, charge, counsel fee, expense														fee, expense								
(investigation costs at \$ per hour per bail agent/private investigator), mileage, travel expenses, attorneys fees and court costs for collection and enforcement of this																						
agreement, suit, order, judgment or adjudication whatsoever which the SURETY shall or may for any cause at any time sustain or incur, by reason or inconsequence of the SURETY having executed said bond or undertaking, will, upon demand, pay the SURETY all funds to meet every claim, demand, liability, cost, charge, counsel fee, expense, suit, order, judgment or																						
adjudication against if, by reason of such Suretyship, and before it shall be required to pay the same. The first be averal of ligration of this Indemnity Agreement yearing shall be in																						
4. Thereby fully authorize Accredited Surety, and Casualty Company, Inc. to conduct any background credit check on me at an times.														undersigned								
5. The condition of this Indemnity Agreement provioes that as long as interest any admits of this Indemnity or which the undersigned may subsequently acquire or any interest therein, and will not make any transfer, or any attempted transfer of any of the property, real or personal, given as security or which the undersigned may subsequently acquire or any interest therein, and it is further agreed that the SURETY shall have a lien upon all property of the undersigned for any sums due it or for which it has become, or may become, liable by reason of its having executed it is further agreed that the SURETY shall have a lien upon all property of the undersigned for any sums due it or for which it has become, or may become, liable by reason of its having executed																						
the bond referred to herein.																						
6. That the volune or other evolune of any payment make by includers in a set of the size																						
8. That the In	demnity Agri	eement sha	all not be	returne	ed by th	e SUHE	. IYati	the time	n sna	an be	sausnec	oi ine	temmano	11 O1 ((3)	паснич	unuen	said b	ond or o	bligat	on, out shall o	e retained as	
security for any liability that may at any time thereafter occur. 9. That the failure of any of the undersigned to comply with the provisions of this Indemnity Agreement shall be binding upon the others. 10. If any provision or provisions of this Indemnity Agreement be void or unenforceable under the laws of any place governing its construction or enforcement, this Indemnity Agreement shall														eement shall								
10. If any provisions of the understanding section and enforced with the same effect as though such provision or provisions were omitted. In WiTNESS THERE OF, the undersigned have duly executed this Indemnity Agreement this																						
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																						
APPLICATION	ЭИ СОИТ	AINING	ANY F	ALSE	INCC	JMPLE	:1= 0	JH MI	oLE.	MUIN	Wii De	UHIV	MULIAN	ાં વા	J1∟1 I	UI 19		۱ ۱۷۱۰	۱ , ر		no un son timber	
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																				(Se	eai)	
STATE OF _											COUNT	YOF										

. before me personally appeared ____

to me know to be the person described in and who executed the foregoing Indemnity Agreement and He/She/They thereupon acknowledged to me that He/She/They executed the

__ day of ___

On this _

same.