

Signature of Applicant ...

Bankers Insurance Company

Confidential Application

"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."

(All questions must be answered in full)

	ne undersigned, do hereby apply to the BANKERS INSURANC	,	•					
in t	he court of		wherein I am charg	ed with				
	I agree to the following terms and conditions prescribed by the	- Ctata Incursor Dana						
and								
TL.		IS AND CON			dated			
ıne	e following terms and conditions are an integral part of this							
of .	(\$			-	•			
full 1. 2. 3.	Ill compliance of all said terms and conditions and is a part of said bond and application therefore. BANKERS INSURANCE COMPANY, as bail, shall have control and jurisdiction over the Defendant during the term for which the bond is executed and shall have the right to apprehend, arrest and surrender the Defendant to the proper officials at any time as provided by law. In the event surrender of Defendant is made prior to the time set for Defendant's appearances, and for reason other than as enumerated below in paragraph 3, then Defendant shall be entitled to a refund of the bond premium.							
1.	NAME AND ADDRESS							
	Full name		Home phone					
	Nickname or alias		•					
	Current address							
	Street		City	State	Zip			
	Mailing addressP.O. Box/ Street		City	State	Zip			
2.	PERSONAL DESCRIPTION/MARKS							
	Weight Height	Race	S	ex Male	Female			
	Color of eyes Color of hair							
	Citizenship statusPlace							
_	MADITAL OTATIONOLIII DDEN							
3. 	MARITAL STATUS/CHILDREN							
	Married Divorced	•	Widowed -	=	Cohab			
	Spouse's name							
		Phone						
	Spouse's addressStreet		City	State	Zip			
	Spouse's: Date of birth Driver's license	÷#	Social Security #					
	Child's name Age	School atte	nded					
	Child's name Age	School atte	ended					
	Child's name Age	Occupation	l					
	Child's addressStreet		City	State	Zip			
└ 4 .	EMPLOYMENT							
	Your occupationN	ame of Company		Rusiness Phone				
	ame of supervisorAddress							
	Former employer(s)			in long have you marke				
for In a sta En INS	good and valuable consideration, the undersigned principal hany and all losses not otherwise prohibited by law, or rules and readdition, the Defendant hereby authorizes and directs his relate Department of Disability Insurance, the United States Armorcement Agencies and any other persons or organizations has SURANCE COMPANY and its assigns and/or duly authorized pose of securing his or her appearance and/or apprehension for abult of Defendant's non-appearance. The Defendant hereby	ereby agrees to indemnif gulations promulgated un- tives, employers, banker ned Forces, the state Diva aving information concerr representatives. The De or Court appearance, and	y and/or hold harmless E der any applicable statute s, the Federal Social Se rision of Motor Vehicles, ing the Defendant's whe fendant understands tha for the purpose of securi	. curity Administration, t all Municipal, County reabouts to give such t any information obtai ng reimbursement for a	he Internal Revenue, the , State and Federal Law information to BANKERS ined will be used for the any expenses incurred as			
do	cument by BANKERS INSURANCE COMPANY and its assigns a	nd/or duly authorized repr	esentatives.					
Sig	ned, sealed and delivered thisday	of		,				

_ Mailing address _

5.	SS#/DL#/CAR/CREDIT REFERENCES								
	Social Security #	Driver's Lice	State						
	Describe Car: Year Make								
	Describe Car: Year Make								
	Where Financed?				_				
	Bank referencesCredit card name and acct.#								
	Credit card name and acct.# Credit card name and acct. #								
6.	MORTGAGE/LANDLORD/RESIDENCE INFORMATION								
	How long have you lived at your current address?								
					_				
Do you Own Rent your Home? Other Mortgage Company or Person from whom you rent									
	Address of Mortgage Co. or				_				
					_				
7. ATTORNEY									
	Full Name Phone Address Phone								
İ									
∟ 8.	LIOT DEFENDED (B. Lat.)								
6 .	LIST REFERENCES (Relatives and Personal Friends) WHO DO NOT LIVE AT THE SAME ADDRESS								
	Name	Address		Phone	_				
	Relation	Employer		Job Phone	_				
	Name	Address		Phone	-				
	Relation			Job Phone	-				
	Name	Address		Phone	_				
	Relation	Employer		Job Phone	_				
	Name	Address		Phone	_				
	Relation	Employer		Job Phone	_				
	Name	Address		Phone	_				
	Relation	Employer		Job Phone	_				
	Name	Address		Phone	_				
	Relation	Employer		Job Phone	_				
9.	ADDITIONAL INFORMATION		· · · · · · · · · · · · · · · · · · ·						
Reason for arrest									
	DATE OF ARREST	Arresting Officer			-				
	List all previous arrests				-				
	Bonded before by			Still indebted	-				
					_				
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