

Accredited Surety & Casualty Company Inc.

Confidential Application & Indemnity Contract

Indemnitor _____ Relationship to Defendant _____

Address _____

Home Phone # _____ Cell Phone # _____ Work # _____

DOB _____ SS# _____ Driver's License # _____

U.S. Citizen ___ Yes ___ No If no, Nationality _____ Resident ___ Yes ___ No

Employer _____ Supervisor's Name _____

Employer's Address _____ Years of Employment _____

Marital Status _____ Spouse's Name, Children's Name (s), Age (s) and School (s) _____

Own or Rent Home _____ Landlord's Name _____

Address of Landlord _____

Year & Make of Automobile _____ License Plate # _____

Attorney's Name _____ Address _____

Attorney's phone # _____ How did you get our telephone number? _____

INDEMNITOR AGREEMENT

I understand and agree that in signing for the Release of _____ (Defendant) in the amount of \$ _____, Bond (s) # _____ I am responsible for the following items:

- 1.) The defendant appearing in court each and every time he/she is ordered.
- 2.) Payment of all court costs and attorney fees for non-appearance or if the defendant fails to follow any and all instructions or should the court forfeit or revoke this bond.
- 3.) If it becomes necessary to apprehend and surrender the defendant to the court, fugitive fees as permitted by law.
- 4.) If there is a default in the payment of bail premium or if a forfeiture occurs and the defendant is not surrendered to court with the time prescribed by law, I am required to pay the full amount of the bond posted including unpaid bail premium, attorney fees court costs and fugitive fees.
- 5.) Collateral cannot be returned until ten (10) business days after such time as Accredited Surety & Casualty Company receives written notice from the clerk of the court verifying exoneration of the bond. Also any other obligations or written agreements must be satisfied. Collateral return is performed during normal business hours Monday thru Friday.
- 6.) The premium paid for the posting of the bond is **not refundable**.
- 7.) I must inform you of all changes of address and/or telephone number for myself or for the defendant in writing within Five (5) days.
- 8.) I have read the above contract and I understand it and accept to fulfill all the provisions therein.
- 9.) I authorize the release of my credit information and if I am turned down for any reason, I will be notified.
- 10.) I agree the information I have give about myself and the defendant is true. I understand that if it is willfully false I may be subject to the prescribed penalties of the law.

(SEAL)
Authorized Signature
Accredited Surety & Casualty Company

Date

Indemnitor's Signature