INTERNATIONAL FIDELITY INSURANCE COMPANY APPLICATION FOR APPEARANCE BOND

TERMS AND CONDITIONS

| npliance of all said terms The INTERNATIONAL xecuted and shall have | (\$ | a part of said bon CE COMPANY, a and arrest and su |) Dollars. And the d and application therefore s bail, shall have control a irrender the principal to the | nd jurisdiction over the principal du proper officials at any time as prov | uring the term for which the I vided by law. |
|---|---|--|--|---|---|
| n principal shall be entitl It is understood and ag DELITY INSURANCE C surrender principal, ar gations hereunder are: | ed to a refund of the bor reed that the happenin OMPANY hereunder, a nd principal shall have | nd premium. g of any one of nd INTERNATIC no right to any | the following events shall on the following events shall on the following events shall be on the following the function of premium what so | s, and for reason other than as er constitute a breach of principal's of NCE COMPANY shall have the rig bever. Said events which shall of ATIONAL FIDELITY INSURANCE CO | obligations to INTERNATIO ht to forthwith apprehend, ar constitute a breach of princi |
| (c) If principal shall con(d) If principal is arrested | | itute reasonable evide ense other than a min | nce of principal's intention to cause | NSURANCE COMPANY, or its Agents ir se a forfeiture of said bond. | n writing prior to said move. |
| READ ALL | ITEMS CAREFUL | LY!! | YOU ARE A | SSUMING SPECIFIC OBLI | GATIONS!! |
| . PRINT full name | First | | Middle | Last | |
| | | | maar | | How Long |
| City | | State | Zip | Own or Rent | Landlords Name |
| - | | | - | | |
| | | | City/Sta | ate | Zip |
| . Previous address: | | | City/Sta | ite | Zip |
| . Phones: Cell | | Home | | Email: | |
| | | | | | |
| Comp | pany name | Addr | 255 | | Phone No. |
| Supervisor's name | | | Phone number & ex | tension | How long on job |
| 7. Marks/Scars/Tattoos Weight | | Weight | Height | Race Eye color | Hair |
| 8. Social Security No D | | | | | |
| 9. Gender Place of Birth | | | | | |
| | | | | | |
| | 111 | | | | |
| 1. Vehicle <u>Year</u> Color | | Make | Make Tag Number | | |
| 2. Spouse (Significan | nt other) Name | | | _ Occupation | |
| Place of Employm | nent | | City/State | | |
| Place of Employment <u>Address</u> | | | | Phone NoDr/L No | |
| | | | | | |
| | | | | | |
| 4. Attorney name and phone | e number | | Are you | on probation and where? | |
| | erences/Friends | Years | Occupation | Address | Phone |
| Not | Family | Known | ovupunon | | |
| | | | | | |
| | | | | | |
| | | | | | |
| RELATIVES | NAME | | OCCUPATION | ADDRESS, CITY, STAT | E PHONE |
| Father | | | | | |
| Mother | | | | | |
| Brother | | | | | |
| " Sister | | | | | |
| Sister | | | | | |
| | | | | | |
| Father in Law | | | | | |
| Mother in Law | | | | th without reservation and are made f | |

PREMIUM ON THIS BOND IS NOT RETURNABLE EXCEPT AS PROVIDED BY THE RULES AND REGULATIONS. Applicant sign here

Signature of Applicant

Mailing Address

INDEMNITY AGREEMENT READ ALL TIMES CAREFULLY!!! YOU ARE ASSUMING SPECIFIC OBLIGATIONS

WHEREAS, INTERNATIONAL FIDELITY INSURANCE COMPANY (hereunder called SURETY), at the request of the undersigned and upon security, hereof, has or is about to become SURETY on an appearance bond for ______

in the sum of \$______ Dollars by its certain bond or undertaking, made a part hereof by reference. NOW THERFOR, in consideration of the premises and other valuable considerations, receipt whereof by each of us is hereby acknowledged, the undersigned do(es) 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 SURETY harmless from and against every and all claim, demand, liability, cost, charge, counsel fee, expense, suit order, judgment or adjudication whatsoever which SURETY shall or may for any cause at any time sustain or incur, by reason or in consequence of executing said bond and shall place SURETY in funds and meet every claim, demand, liability, cost, charge, counsel fee, expense, suit, order, judgment or adjudication against it, by reason of such Suretyship, and before it shall be required to pay the same.
- 3. That the voucher of other evidence of any payment made by 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 property thereof and as to the extent of the liability thereof to SURETY.
- 4. That 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 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 anytime 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.

| Print | | Address | | |
|---|---|--|------------------------------|--|
| E-MAIL Address | | City/State | ZIP | |
| Home Phone | Date of Birth | Social Security Number | | |
| Employer | | Business phone number | | |
| Employment Address | | | | |
| City/State Vehicle | ZIP | Cell phone number | | |
| Year Make | Color | Tag No. | | |
| Indemnitor(s) name | | Address | | |
| | | Autress | | |
| E-MAIL Address | | City/State | ZIP | |
| Home Phone | Date of Birth | Social Security Number | | |
| Employer | | Business phone number | | |
| Employment Address | | | | |
| City/State | ZIP | Cell phone number | | |
| Vehicle <u>Year Make</u> | Color | Tag No. | | |
| For good and valuable consideration, the all losses not otherwise prohibited by law IN WITNESS WHEREOF, the undersign | undersigned principal agree or by rule of the Department | es to indemnify and hold harmless the sunt of Insurance. | | |
| Signed and sealed in the presence of: | 2 | | , | |
| | | Name-Indemnitor) | | |
| | | | | |
| State of | (A A | Name-Indemnitor) | | |
| County of | | pplicant | | |
| | | | | |
| On this day of | to me kn | nown to be the person(s) described in ar | | |
| instrument and | | thereu executed the same. | upon acknowledged to me that | |
| ID provided | | D provided | | |
| Notary Public | N | My Commission Expires | | |
| | | | | |