



APPLICATION FOR APPEARANCE BOND

U.S. SPECIALTY INSURANCE COMPANY

Exclusive National Managing General Agency

SURETY CORPORATION OF AMERICA • 1000 NW 14TH STREET • MIAMI • FLORIDA • 33136

APPEARANCE BOND NO. _____ DATE _____ PREMIUM DUE SURETY COMPANY OR ITS AGENT \$ _____

These terms and conditions are an integral part of this application for the above numbered Appearance Bond for which U.S. Specialty Insurance Company (USSIC) or its Agent shall receive premium in the amount herein specified, and the parties agree that said appearance bond is conditioned upon full compliance of all said terms and conditions and is a part of said bond and application therefore.

1. USSIC as the Surety Company, through its duly appointed agent, shall have control and jurisdiction over the principal during the term for which the 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 the principal's appearances, and for reasons 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 obligation to USSIC hereunder, and USSIC 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 Company or its Agent.
- (b) If principal shall move from one address to another without notifying the Surety Company or its Agent in writing prior to such 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 offense other than a minor traffic violation.
- (e) If principal shall make any material false statements in the application for appearance bond.

PRINCIPAL NAMED BELOW ACKNOWLEDGES AND AGREES TO THE TERMS AND CONDITIONS HEREIN BY SIGNING THE REVERSE SIDE OF THIS APPLICATION _____ INITIALS _____

1. NAME & ADDRESS OF PRINCIPAL

FULL NAME _____ HOME PH. _____ WORK PH. _____ CELL _____
PLEASE PRINT - First/Middle/Last
CURRENT ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____ EMAIL _____

2. RESIDENCE INFORMATION / MORTGAGE / LANDLORD

YEARS/MONTHS AT CURRENT ADDRESS: ____ DO YOU: ☐ OWN ☐ RENT ☐ OTHER _____
☐ MTG. COMPANY OR ☐ LANDLORD NAME _____ ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____

3. PERSONAL DESCRIPTION / MARKS / NICKNAMES

WEIGHT ____ HEIGHT ____ RACE _____ ☐ MALE ☐ FEMALE EYE COLOR ____ HAIR COLOR ____ MARKS ____
BIRTH PLACE _____ BIRTH DATE ____ mo/day/year NATIONAL CITIZENSHIP ____ COUNTRY ____ NICKNAMES OR ALIAS ____

4. MARITAL STATUS / CHILDREN

☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐ SINGLE SPOUSE'S NAME _____
SPOUSE OCCUPATION _____ SPOUSE'S EMPLOYER _____ PH. _____
CHILD'S NAME _____ AGE ____ SCHOOL ATTENDED _____
CHILD'S NAME _____ AGE ____ SCHOOL ATTENDED _____
CHILD'S NAME _____ AGE ____ SCHOOL ATTENDED _____
ARE YOU RESPONSIBLE FOR ANYONE ELSE'S SUPPORT? _____

5. EMPLOYMENT

YOUR OCCUPATION _____ NAME OF EMPLOYER _____
NAME OF SUPERVISOR _____ ADDRESS _____ PH. _____
HOW LONG WITH THIS EMPLOYER _____ FORMER EMPLOYER(S) _____

6. SOCIAL SECURITY # / DRIVER'S LICENSE # / CAR / CREDIT CARDS

SOCIAL SECURITY NUMBER _____ DRIVER'S LIC. NUMBER _____ STATE _____
AUTOMOBILE: MAKE _____ YEAR AND MODEL _____ COLOR _____ TAG NO. _____ AMOUNT OWED \$ _____
LENDER _____ CREDIT CARD NAME & ACCT. # _____
CREDIT CARD NAME & ACCT. # _____

7. ATTORNEY INFORMATION

FULL NAME _____ ADDRESS _____ PH. _____

8. PERSONAL REFERENCES - FRIENDS (OTHER THAN RELATIVES)

	NAME	YEARS KNOWN	OCCUPATION	WORK / HOME ADDRESS	PHONE
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____

9. RELATIVES

NAME	OCCUPATION	ADDRESS / CITY / STATE / ZIP	PHONE
FATHER: _____			
MOTHER: _____			
BROTHER: _____			
BROTHER: _____			
SISTER: _____			
SISTER: _____			
FATHER-IN-LAW: _____			
MOTHER-IN-LAW: _____			
BROTHER-IN-LAW: _____			
COUSIN: _____			

10. ARRESTS - CRIMINAL HISTORY

ARE YOU CURRENTLY ON BOND WITH ANYONE? ☐ YES ☐ NO ARE YOU CURRENTLY ON PROBATION OR PAROLE? ☐ YES ☐ NO
HAVE YOU EVER FAILED TO APPEAR IN COURT? ☐ YES ☐ NO **LIST ANY PREVIOUS ARRESTS :**

DATE	CHARGE(S)	COUNTY & STATE	DISPOSITION
1. _____			
2. _____			
3. _____			

11. COURT DATE NOTIFICATION - DEFENDANT / INDEMNITOR / ATTORNEY

DEFENDANT: NAME/ADDRESS/PHONE _____
INDEMNITOR: NAME/ADDRESS/PHONE _____
ATTORNEY: NAME/ADDRESS/PHONE _____

12. TYPE OF COLLATERAL

☐ (1) CASH ☐ (2) CASH VALUE ☐ (3) EQUITY ☐ (4) ASSIGNMENT ☐ (5) NOTE AND MORTGAGE ☐ (6) MISCELLANEOUS

OWNER(S) NAME: _____ PHONE _____

ADDRESS: _____

OWNER(S) NAME: _____ PHONE _____

ADDRESS: _____

OWNER(S) NAME: _____ PHONE _____

ADDRESS: _____

COLLATERAL DESCRIPTION: _____

COLLATERAL LOCATION: _____

Under penalties of perjury, I declare that I have read the foregoing, and the information provided is true and correct without reservation. The information and representations made in this Application are for the purpose of inducing the Surety to undertake the bond(s) for which I have applied with the intent that the Surety fully rely upon the information and representations contained herein. I agree to indemnify and hold harmless the Surety Company and its Agents for any and all losses that may arise from the execution of the bond(s) applied for herein, unless prohibited by applicable law or regulation.

WARNING: 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 MAY BE FOUND GUILTY OF A FELONY.

APPLICANT SIGNATURE

MAILING ADDRESS IF DIFFERENT FROM RESIDENCE: _____

AGENCY USE

NOTE: FOR MULTIPLE BONDS, ONLY FIELDS WITH * NEED TO BE FILLED OUT ON THE SECOND APPLICATION

BAIL AGENCY: _____ *AGENT _____ *APPROVED BY _____

☐ TRANSFER BOND ☐ RE-WRITE ☐ POSTING ☐ POSTING AGENT ORIGINAL P.O.A.# _____ REQUESTING AGENT: _____

P.O.A. (S) #: _____ *BOND AMOUNT: \$ _____ POSTING DATE: _____

COURT: ☐ FEDERAL ☐ CIRCUIT ☐ COUNTY ☐ OTHER: _____ *CASE: _____

CHARGES CONTINUED: _____ *JUDGE: _____

*PREMIUM AMOUNT DUE: \$ _____ ☐ PREMIUM PAID IN FULL PREMIUM OWED: \$ _____

CROSS COLLATERAL: ☐ (1) CASH ☐ (2) CASH VALUE ☐ (3) EQUITY ☐ (4) ASSIGNMENT ☐ (5) NOTE AND/OR MORTGAGE ☐ (6) MISC.

*NAME: _____ P.O.A.# _____

*NAME: _____ P.O.A.# _____