FINANCIAL CASUALTY & SURETY, INC.
The Bail Insurance Company
PO Box 4479 --- Houston, Texas

APPLICATION AND AGREEMENT FOR SURETY BAIL BOND

DEFENDANT'S NAME	POWER OF ATTORNEY NO.	AMOUNT	EXEC. DATE	ARR. DATE

BOOKING NAME	AKA NAME(S)

BOOKING INFORMTION

BOOKING#_____ WHERE HELD_____ CHARGES_____
COURT_____ JUD. DIST._____ AT_____ COUNTY_____
CASE#_____ DATE TO APPEAR_____ TIME_____ F.B.I.#_____ CII #_____
ARRESTED BY_____ WHERE ARR_____.
CO-DEFENDANTS_____

DEFENDANT INFORMATION

ST. ADD._____ CITY_____ PHONE_____ HOW LONG_____
FORMER ADD._____ HOW LONG_____
YEARS IN CITY_____ COUNTY_____ STATE_____ LAST COUNTY_____ LAST STATE_____
EMPLOYED BY_____ OCC_____ PHONE_____ HOW LONG_____
EMPLOYER'S ADD_____ SUPERIOR_____ HOW LONG_____
PREV. EMPLOYER_____ ADDRESS_____ WHEN_____
D O.B_____ SEX_____ HEIGHT_____ WEIGHT_____ HAIR _____ EYES_____ S.S.#_____ D.L.#_____
ID. MARKS_____ RACE_____ MOUSTACHE_____ GLASSES_____ WHERE BORN_____
PREV ARREST CHRO._____ COURT_____ COUNTY_____ WHEN_____
DISPOSITION _____ PRV. BAIL_____ WITH WHOM_____ AMT._____ CASE PENDING_____
ON PROBATION_____ WHERE_____ PROBATION OFFICER_____
WHERE ARRESTED_____ CO-DEFENDANTS_____
VEHICLE MAKE_____ MODEL_____ YEAR_____ COLOR_____ LIC.#_____
MILITARY BRANCH_____ SER.#_____ DISCHARGE DATE_____ UNION_____ LOCAL_____

DEFENDANT'S FAMILY INFORMATION

SPOUSE_____ ADDRESS_____ PHONE_____ HOW LONG_____
EMPLOYER_____ ADDRESS_____ PHONE_____ HOW LONG_____
MARRIAGE DATE_____ WHERE_____ MAIDEN NAME_____ D.O.B_____
PREV. SPOUSE_____ ADDRESS_____ CITY_____ PHONE_____
CHILDREN'S NAME & AGE_____
MOTHER_____ ADDRESS_____ PHONE_____
FATHER_____ ADDRESS_____ PHONE_____
SPOUSE'S MOTHER_____ ADDRESS_____ PHONE_____
SPOUSE'S FATHER_____ ADDRESS_____ PHONE_____
DEFENDANT'S BROTHER_____ ADDRESS_____ PHONE_____
DEFENDANT'S SISTER_____ ADDRESS_____ PHONE_____
BEST FRIEND_____ ADDRESS_____ PHONE_____
DEFENDANT'S ATTORNEY_____ CITY_____ PHONE_____

SIGNATURE OF DEFENDANT DATE

INDEMNITOR INFORMATION

INDEMNITOR'S NAME_____ DOB_____ S.S.#_____ D.L.#_____
ADDRESS_____ PHONE_____ REL. TO DEF._____
EMPLOYED BY_____ ADDRESS_____ PHONE_____
OCCUPATION_____ HOW LONG_____ SUPERIOR_____ MONTHLY INCOME_____
BANK_____ BRANCH_____ ACCT.#_____ TYPE_____ BALANCE_____
SPOUSE_____ ADDRESS_____ PHONE_____
EMPLOYED BY_____ ADDRESS_____ PHONE_____
VEHICLE MAKE_____ MODEL_____ YEAR_____ COLOR_____ LIC.#_____
REGISTERED OWNER_____ LEGAL OWNER_____ LIENS_____
REAL PROPERTY_____ IN WHO'S NAME_____ HOW LONG_____
LOT_____ BLOCK_____ TRACT_____ MAPS IN BOOK_____ PG_____
VALUE_____ EQUITY_____ FINANCED BY_____
NOTATIONS_____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE. I FURTHER UNDERSTAND THIS IS AN APPLICATION FOR A TYPE OF CREDIT AND AUTHORIZE A REVIEW OF MY CREDIT HISTORY.

_____ **SIGNATURE OF INDEMNITOR** _____ **DATE**

Full name of person supplying information	**Name of person negotiating bail**	**Name of person receiving information**
Address	**Address**	**Date and time information received**
Connection or relationship to defendant	**Connection or relationship to defendant**	**Manner in which information received**
If same was defendant, how did he communicate?	**Name of licensee who negotiated transaction**	**Name of other agent involved and commission paid**
Name of Attorney	**Name and sum paid unlicensed persons and service performed**	**Was consideration other than money received?** **YES ☐ No ☐** **If yes, explain in detail and attach statement.**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.