



Indemnitor Application

Date: _____

Name: _____ DOB: _____

Relationship to Defendant: _____ Years Known: _____

Address: _____ RENT/OWN

City/State/Zip: _____

Cell Phone#: (____) _____ Alternate Phone#: (____) _____

ID/DL#: _____ State Issued: ____ S.S. #: _____

E-Mail Address: _____ Social Media _____

Employment Info:

Name of company: _____ How Long: _____

Occupation: _____ Phone #: (____) _____ - _____

Address: _____

City/State/Zip: _____

Personal References:

Name	Relationship	Phone #
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Name	Relationship	Phone #
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Name	Relationship	Phone #
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Terms of Bond:

You, the undersigned indemnitor (“Indemnitor” or “you”), hereby represent and warrant that the following declarations made and answers given are true, complete and correct and are made for the purpose of inducing Lexington National Insurance Corporation (“Surety”) to issue, or cause to be issued, bail bond(s) at A1A Treasure Coast Bail Bonds for _____ (“Defendant”), using power of attorney (if known) _____ In the amount of _____ (\$ _____) dollars. In the _____ Court of _____ county.

I understand I am responsible for defendant’s compliance with all terms and conditions of bond and will inform agency of any violation. The information above is true to the best of my knowledge and can be used to locate the defendant or for purposes pertaining to the account at A-1-A Treasure Coast Bail Bonds.

X

Indemnitor Signature

Date

FLORIDA RESIDENTS 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.