

ALL QUESTIONS MUST BE ANSWERED IN FULL. FALSE INFORMATION MAY TERMINATE THIS BOND!

**BAIL BOND APPLICATION
BANKERS INSURANCE COMPANY
11101 Roosevelt Blvd. N.
St. Petersburg, FL 33716
800-627-0000**

Defendant's Name: _____
 List any aliases: _____
 Defendant's Address: _____
 Defendant's DOB: _____ Race: _____
 Sex: _____ Height: _____ Weight: _____
 Hair: _____ Eyes: _____
 I.D. Scars-Marks-Tattoos: _____

Case Number	Charge(s)	Bond Amount	Court - Date - Time
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Full Name: _____ Home Phone Number: _____
 Cell Phone Number: _____ Email Address: _____

Where you live, check one: Renting: _____ Buying: _____ How long? _____ Landlord or Mortgage Company: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Driver's License Number: _____ DOB: _____ Relationship to Defendant: _____

Circle one: Married, single, widow(er), divorced, separated or common law. Mate's Name: _____ DOB: _____

In case of emergency: Notify whom? _____ Address: _____ Phone: _____

Name of employer: _____ Address: _____ Phone: _____

Job Title/Duties: _____ How Long? _____ Salary/Wages: _____

Previous employer: _____ Address: _____ Phone: _____

Spouse's employer: _____ Address: _____ Phone: _____

Job Title/Duties: _____ How Long? _____ Salary/Wages: _____

Where do you bank? _____ Address: _____ Aprox Balance: _____

Check here if you have a Visa card: _____ Visa Card Number: _____ Expiration Date: _____

Check here if you have a MasterCard: _____ MasterCard Number: _____ Expiration Date: _____

Check here if you have Amex card: _____ Amex Number: _____ Expiration Date: _____

Credit Reference: _____

Make of car: _____ Year: _____ Model: _____ Lic. Plate # _____ State: _____

Make of car: _____ Year: _____ Model: _____ Lic. Plate # _____ State: _____

Are you on parole or probation? _____ Officer's name: _____ Where? _____ Phone: _____

Are you on any other bond? _____ With whom? _____ Charges: _____ Where? _____

Have you ever co-signed for anyone? _____ Name: _____ Bonding Company: _____

Have you ever filed for bankruptcy? _____ When? _____ Where: _____ Reason: _____

Relatives	Phone	Occupation	Street Address, City, State, Zip
Father: _____	_____	_____	_____
Mother: _____	_____	_____	_____
Brother: _____	_____	_____	_____
Sister: _____	_____	_____	_____
Other: _____	_____	_____	_____

"IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES." § 10-1-128(6)(a) C.R.S.

The following certification must be completed if a signatory cannot read or speak English.

Translation Certification. The undersigned translator makes this affidavit and hereby certifies, under penalty of perjury, that he/she read verbatim and translated this entire document, including all related documents, bail contracts, indemnity agreements, disclosures, promissory notes, security instruments and trust deeds, to the Indemnitor (s) signing below in his/her primary language.

TRANSLATOR: (signature) _____ (print name) _____ Date: _____

Translator's address: _____

Confirmo por mi colocación de mis iniciales que este acuerdo de plan de pago ha sido traducido completamente a mi satisfacción.

(I confirm by my affixing my initials that this contract has been translated to my satisfaction) Initials/ iniciales : _____

The undersigned hereby certify the truth of all statements in the application, authorize the Surety to verify this information and to obtain additional information from any source.

Defendant/Principal/Indemnitor (signature)	Date	Solicitud de traducción. [check <input type="checkbox"/> box if translation is required] Si no puede leer ni entender inglés, favor de marcar este cuadro.
Defendant/Principal/Indemnitor (signature)	Date	Solicitud de traducción. [check <input type="checkbox"/> box if translation is required] Si no puede leer ni entender inglés, favor de marcar este cuadro.