Accredited

**ACCREDITED SURETY AND CASUALTY COMPANY, INC.**

# CONFIDENTIAL INDEMNITY APPLICATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| FIRST NAME | MIDDLE NAME | LAST NAME | | | | NICKNAME / STREET NAME | |
| CURRENT ADDRESS (STREET, APT. OR SUITE #) | | | CITY | STATE | ZIP | HOW LONG? | |
| ☐ OWN HOME ☐ RENT HOME | | RENT FROM WHOM: | | | | NAME OF APARTMENT / CONDO | |
| PREVIOUS ADDRESS (IF LESS THAN 5 YEARS) | | | | | | EMAIL ADDRESS | |
| HOME PHONE | | WORK PHONE | | | | CELL PHONE | |
| SEX | RACE | HT | WT | EYES | HAIR | D.O.B. | BIRTHPLACE |
| DR. LICENSE NO. | | STATE ISSUED | | S.S. # | | | |
| WHAT IS YOUR RELATIONSHIP TO THE DEFENDANT? | | | | | | HOW LONG HAVE YOU KNOWN THE DEFENDANT? | |
| U.S. CITIZEN ☐ YES ☐ NO | IF NO, WHAT COUNTRY DO YOU HOLD CITIZENSHIP? | | | | | | |
| LEGAL RESIDENT ALIEN ☐ YES ☐ NO | RESIDENT ALIEN REGISTRATION NUMBER | | | | | OTHER - VISITING FROM: | |
| CURRENT EMPLOYER | | | OCCUPATION | | | HOW LONG? | |
| EMPLOYER ADDRESS: | | | CITY | STATE | ZIP | PHONE | |
| IF UNEMPLOYED, ARE YOU ☐ RETIRED ☐ DISABLED | OTHER: | | | | | IF OTHER, WHO PAYS YOUR BILLS? | |
| PREVIOUS EMPLOYER: | ADDRESS: | | | | HOW LONG? | PHONE | |
| CHILD'S NAME | AGE | SCHOOL | | | | | |
| CHILD'S NAME | AGE | SCHOOL | | | | | |
| AUTO | YEAR | MAKE | MODEL | COLOR | TAG NUMBER | STATE | WHERE FINANCED | AMOUNT OWED |
| HAVE YOU EVER FILED BANKRUPTCY? ☐ YES ☐ NO | IF YES, WHEN? | | | | | | |
| WHERE DO YOU BANK? | S.S. # | WHAT BRANCH? | ☐ CHECKING ☐ SAVINGS ☐ MONEY MARKET | | | | |
| REFERENCE | PHONE | ADDRESS | | | | | |
| PRIMARY CONTACT INFORMATION | ☐ WIFE ☐ GIRLFRIEND ☐ HUSBAND ☐ BOYFRIEND ☐ FRIEND ☐ OTHER | | | | | | |
| INDEMNITOR'S NAME | ADDRESS | | CITY | STATE | ZIP | INDEMNITOR'S CELL PHONE | |
| INDEMNITOR'S CURRENT EMPLOYER | EMPLOYERS ADDRESS | | CITY | STATE | ZIP | EMPLOYER'S PHONE | |

## INDEMNITY AGREEMENT

You are assuming specific obligations - *READ CAREFULLY!*

WHEREAS ACCREDITED SURETY AND CASUALTY COMPANY, INC., a Florida Corporation, (hereafter called the SURETY) at the request of the undersigned, and upon the SURETY thereof, has or is about to become SURETY on an appearance bond for _____

in the sum of _____ Dollars by its certain bond or undertaking, a copy of which is attached hereto and made a part hereof:

NOW THEREFORE, in consideration of the promises and the sum of one dollar hand paid, receipt whereof by each of us is hereby acknowledged, the undersigned hereby do 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, 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, defend and save the SURETY harmless from and against every and all claim, demand, liability, cost, charge, counsel fee, expense (investigation costs at $_____ per hour per bail agent/private investigator), mileage, travel expenses, attorneys fees and court costs for collection and enforcement of this agreement, suit, order, judgment or adjudication whatsoever which the SURETY shall or may for any cause at any time sustain or incur, by reason or inconsequence of the SURETY having executed said bond or undertaking, will, upon demand, pay the SURETY all funds to 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 in the event of litigation of this Indemnity Agreement, venue shall be in (COUNTY) _____ (STATE) _____
4. I hereby fully authorize Accredited Surety and Casualty Company, Inc. to conduct any background credit check on me at all times.
5. The condition of this Indemnity Agreement provides that as long as there is any liability or loss of any nature whatsoever to the SURETY upon the bond referred to herein, the undersigned will not make any transfer, or any attempted transfer of any of the property, real or personal, given as security or which the undersigned may subsequently acquire or any interest therein, and it is further agreed that the SURETY shall have a lien upon all property of the undersigned for any sums due it or for which it has become, or may become, liable by reason of its having executed the bond referred to herein.
6. That the voucher or other evidence of any payment made by the SURETY, by reason of such Suretyship, shall be conclusive evidence of such payment against the undersigned and the undersigned's estate both to the propriety thereof and as to the extent of the liability thereof to the SURETY.
7. That the SURETY may withdraw from its Suretyship upon said bond or undertaking at any time that it may see fit, as provided by law.
8. That the Indemnity Agreement shall not be returned by the 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 any time thereafter occur.
9. That the failure of any of the undersigned to comply with the provisions of this Indemnity Agreement shall be binding upon the others.
10. If any provision or provisions of this Indemnity Agreement be void or unenforceable under the laws of any place governing its construction or enforcement, this Indemnity Agreement shall not be void or vitiated thereby but shall be construed and enforced with the same effect as though such provision or provisions were omitted.

IN WITNESS THERE OF, the undersigned have duly executed this Indemnity Agreement this _____ day of _____, 20 ____

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.

_____ _____ (Seal)

STATE OF _____ COUNTY OF _____

On this _____ day of _____, before me personally appeared _____, to me know to be the person described in and who executed the foregoing Indemnity Agreement and He/She/They thereupon acknowledged to me that He/She/They executed the same.

_____

NOTARY