

BAIL BOND APPLICATION & CONTRACT
(All Questions Must Be Answered In Full)

UNITED STATES FIRE INSURANCE COMPANY
11490 Westheimer Rd., Suite 300 77077
P.O. Box 2807 • Houston, Texas 77252-2807
(713) 954-8100 • (713) 954-8389 FAX

I, the undersigned, do hereby apply to UNITED STATES FIRE INSURANCE COMPANY to act as my bail as follows:

AGENT	AGENT LICENSE #	DATE OF APPLICATION
Offense _____	Case # _____	Power # _____
Offense _____	Case # _____	Power # _____
Offense _____	Case # _____	Power # _____
Offense _____	Case # _____	Power # _____
		Amount _____
		Amount _____
		Amount _____
		Amount _____
		Total Bond Amount _____
Court _____	Appearance Date _____	Time _____

TERMS AND CONDITIONS

The following terms and conditions are an integral part of this application for appearance BOND # as listed above for which UNITED STATES FIRE INSURANCE COMPANY (hereinafter called the SURETY) or its agent shall receive a premium in the amount of: _____ (\$ _____) Dollars, and the parties agree that said appearance Bond is conditioned upon full compliance by the principal of all said terms and conditions and is a part of said bond and application therefor.

- The SURETY 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.
- In the event surrender of principal is made prior to the time set for principal's appearances, and for reason other than as enumerated below in paragraph 3, then principal shall be entitled to a refund of the bond premium.
- It is understood and agreed that the happening of any one of the following events shall constitute a breach of principal's obligations to the SURETY hereunder, and the SURETY 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:
 - If principal shall depart the jurisdiction of the court without the written consent of the court and the SURETY or its agents.
 - If principal shall move from one address to another within the State of _____ without notifying the SURETY or its agent in writing prior to said move.
 - If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond.
 - If principal is arrested and incarcerated for any other offense other than a minor traffic violation.
 - If principal shall make any material false statement in the application.

NOTICE: For good and valuable consideration, the undersigned principal agrees to indemnify and hold harmless the Surety Company or its Agent for all losses not otherwise prohibited by law or by rules of the Department of Financial Services.

Defendant's Full Name (First, Middle, Last) _____ Phone _____

Alias/Nickname/Street Name _____

Date of Birth _____ Place of Birth _____ Social Security No. _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Race _____

Scars/Tattoos/Marks, etc. _____

Address _____ Apt. # _____ Apt. Name _____

City _____ State/Zip Code _____ () Own () Rent Landlord _____

Previous Address _____

Present Occupation(s) _____ Previous Occupation(s) _____

Employer _____ Shift _____ How Long _____

Address _____ Job Title _____ Phone _____

Previous Employer _____ How Long _____

Union _____ Local # _____

Spouse Full Name _____ Date of Birth _____ Social Security No. _____

Maiden Name _____ Occupation(s) _____

Employer _____ Shift _____ How Long _____

Address _____ Job Title _____ Phone _____

Age _____ Child's Name/Address _____ School/Employer _____ Phone _____

Auto Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____

Amount Owed _____ Lien Holder _____

Insurance Agent/Company _____

Driver's License # _____ State _____ Expiration _____

Previous Arrests for _____ Where _____

On Probation/Parole? _____ Where _____ Probation/Parole Officer _____

Credit Card Company _____ Account # _____

Credit Card Company _____ Account # _____

Attorney _____ Address _____ Phone _____

RELATIVES/FRIENDS	ADDRESS, CITY, STATE, ZIP	PHONE
Mother		
Father		
Brother		
Brother		
Sister		
Sister		
Sister		
M-Law		
F-Law		
Gr. Parents		
Best Friend		
Ex Spouse		

THE PREMIUM PAID ON THIS BOND IS NOT RETURNABLE

SIGNATURE OF DEFENDANT

DATE

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.