

Lexington National Insurance Corporation

APPLICATION AND AGREEMENT FOR SURETY BAIL BOND

DOB Sex Exec. Date
Race Moustache Arr. Date
Height Weight Bond No. Amt. \$ Booking #
Hair Eyes Bond No. Amt. \$ Where Held
I.D. Marks Glasses Where Born Arr. By
S.S. # D.L. # C.I.I.# F.B.I. #

Booking Name A.K.A.
Charges Case # Date to Appear Time
Court Jud. Dist. Div. or Dept. County
St. Add City Phone How long
Former Add. City State How long
Years in City County State Last County Last State
Employed By Occupation Work Phone How long
Employer's Add. Superior Mo. Income Shift
Previous Employer Address City When
Previous Arrest Charge Court County When
Disposition Previous Bail With Who Amount \$ Case Pending?
On Probation? Where Probation Officer
Vehicle - Make Model Year Color License #
Union Local # Co-Defendants
Credit Ref. & Accts. #'s

Spouse Add. Phone How Long
Employed By Add. City Work Phone
Occupation Superior Mo. Income How long
Married? - When Where Spouse's Maiden Name D.O.B.
Spouse's Vehicle - Make Model Year Color License #
Previous Spouse Add. City Phone
Children - Name & Age School
Mother Add. City Phone
Father Add. City Phone
Spouse's Mother Add. City Phone
Spouse's Father Add. City Phone
Def. Brother Add. City Phone
Def. Sister Add. City Phone
Personal Reference Add. City Phone
Personal Reference Add. City Phone

I certify that the above is true and correct. I further understand this is an application for a type of credit, and authorize review of my credit history via credit reporting agency checks.

DATE

SIGNATURE OF INDEMNITOR

STATEMENT OF INFORMATION REQUIRED BY SECTION 2100, CALIFORNIA REGULATORY CODE, AND WHICH MAY BE REQUIRED IN OTHER STATE

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 reviewed
If same was defendant, how did he communicate? Name of licensee who negotiated transaction Name of other agent involved and commission paid
If writ, Name of Attorney Name and sum paid unlicensed persons and service performed