

INDEMNITOR APPLICATION AND AGREEMENT

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 Bankers Insurance Company ("Surety") to issue, or cause to be issued, bail bond(s) or undertaking(s) (singularly or collectively the "Bond") for _____ ("Defendant"), using power of attorney number(s) (if known)

_____, in the total amount of _____ Dollars
(\$ _____) in the _____ Court of _____ ELKHART COUNTY

1. INDEMNITOR NAME AND ADDRESS RELATIONSHIP TO DEFENDANT ^x

Name _____	Nickname/Alias _____
First _____ Middle _____ Last _____	
Home Phone # _____	Cell Phone # _____ Work Phone # _____
Email _____	
Current Home Address _____	How Long? _____
<input type="checkbox"/> Rent or <input type="checkbox"/> Own? Landlord _____	
Former Home Address _____	How Long? _____
<input type="checkbox"/> Rent or <input type="checkbox"/> Own? Landlord _____	

2. PERSONAL DESCRIPTION

Date of Birth _____	Where Born _____	Sex _____	Race _____
(City and State)			
Social Security # _____	Driver's License # _____	Issuing State _____	
How Long in U.S.? _____	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nationality _____	Alien # _____
Union? _____	Local # _____		
Military Service: Branch _____	Active? _____	Discharge Date _____	
Additional Notes: _____			

3. EMPLOYMENT

Occupation _____	Employer _____	Work Phone: _____
How Long? _____	Employer Address _____	Supervisor's Name: _____

4. MARITAL STATUS

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single	<input type="checkbox"/> Cohab
Spouse/girl/boyfriend's Name _____	How Long Married/Together? _____				
First _____ Middle _____ Last _____					
Address (if different) _____					
Email _____			Social Security # _____		
Home Phone # (if different) _____		Cell Phone # _____			
Occupation _____	Employer _____	How Long? _____	Employer Phone# _____		

5. AUTOMOBILE

Year _____	Make _____	Model _____	Color _____	Plate # _____	State _____
Where Financed? _____		Amount Owed? \$ _____			

6. REFERENCES

Name _____	Relation _____
Address _____	Employer _____
Home Phone # _____	Work Phone # _____ Cell Phone # _____

14. In the event any provision herein shall be deemed to exceed any applicable state or federal law, then such provision shall automatically be deemed to have been revised to comply with such law so as to provide the Surety with the maximum protection from any loss or liability. The invalidity or unenforceability of any provision herein (or portion thereof) shall in no way effect the validity or enforceability of any other provision (or portion thereof).
15. You have not been paid to sign this Agreement. You have read the above contract, understand it and agree to fulfill ALL of the provisions therein.

IMPORTANT FRAUD WARNINGS

ALABAMA RESIDENTS - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARKANSAS RESIDENTS - Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FLORIDA RESIDENTS - Any person who knowingly or 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.

LOUISIANA, RHODE ISLAND & WEST VIRGINIA RESIDENTS - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE, TENNESSEE, VIRGINIA & WASHINGTON RESIDENTS - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND RESIDENTS - Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO RESIDENTS - ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK RESIDENTS - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO RESIDENTS - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA RESIDENTS - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA RESIDENTS - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

SIGNED, SEALED AND DELIVERED at _____, this ____ day of _____, 20 ²¹_____.

WITNESS

INDEMNITOR

Sign: _____

Sign: _____

Print: _____

Print: ☒ _____

SURETY:

Bankers Insurance Company
11101 Roosevelt Blvd. N.
St. Petersburg, FL 33716
800-627-0000

BAIL PRODUCER: [stamp must include name, address, phone no. and license no.]

Ron Davis
1632 S Nappanee St Suite A
Elkhart In 46516