



CODE 4 BAIL BONDS

APPLICATION

Date _____

For good and valuable consideration, the undersigned Principal hereby agrees to indemnify and save harmless **CODE 4 BAIL BONDS** from any loss that they may sustain as a consequence and incident to the execution of the foregoing bond and the said principal hereby acknowledges that if the foregoing sureties shall be required to make payment of any such sum in connection with the execution of the foregoing bond, that he is responsible and admits herein his indebtedness to the said sureties of the principal sum covered by the foregoing bond executed by **CODE 4 BAIL BONDS**.

Defendant, _____ understands and agrees that you, as by bail, shall have control and jurisdiction of me during the term for which the bond is executed and that you will have the right to surrender on this bond at any tin that you may desire, as provided by law.

I further agree and understand that I will not leave the jurisdiction of the court without permission of the bondsman; nor commit any further offenses that will subject me to any subsequent arrest by an authority; not fail to pay any premium due; and I will notify promptly my bondsman of any changes of address and carefully comply with all specific instructions given me by the bondsman; FURTHER, I understand and agree that failure to comply with any of the herein contained conditions shall be cause for my immediate surrender without any liability for the return of any premium.

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

ALL QUESTIONS MUST BE ANSWERED IN FULL, OR DELAY WILL OCCUR. ALL INFORMATION IS CONFIDENTIAL

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

(Print)

Full Name _____ Phone _____

First Name

Middle Name

Last Name

Home Address _____ City _____ Zip _____ County _____

Name of Person to be Bonded/Relationship _____

Your Nickname or AKA _____ Driver's License # _____

In Case of Emergency, Notify _____ Phone # _____

Are you Renting or Buying the house where you live? _____ Landlord or Mortgage Co. _____

PERSONAL DESCRIPTION: Weight _____ Height _____ Color of Hair _____ Color of Eyes _____

Nationality _____ Scars, Marks, or Tattoos _____

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

Month Day Year

Name of Employer _____ Address _____ Phone _____

Occupation _____ How Long? _____ Supervisor Name _____

Married, Single, Widow(er), Divorced, Separated or Common Law (Circle one). Significant Other's Name _____

Significant Others Place of Employment _____ Phone _____ Years _____

Make and Model of your Car _____ Year _____ Color _____ License Plate # _____

Personal Friend Name _____ Phone _____ Address _____

Are you on any other Bond? _____ With Whom? _____

Have you ever Co-Signed for anyone? _____ Name _____ Bonding Co. _____

Have you Ever been Convicted of a Crime? _____ Type of Crime _____

Are you on Probation? _____ Probation Officer's Name _____ Probation Officer's Phone _____

Email Address _____

REFERENCES

PHONE NUMBER

STREET ADDRESS, CITY, STATE, ZIP

Father _____

Mother _____

Father-in-Law _____

Mother-in-Law _____

Brother _____

Brother _____

Sister _____

Sister _____

Children _____

Friend _____

Applicant _____ Applicant _____

Signature _____ Signature _____