UNITED STATES SURETY INC

United States Surety Inc. • Bail Bond General Agency
128 West Bellevue Street, Opelousas, LA 70570
1-844-USS-BAIL (1-844-877-2245)
unitedstatessurety.com

INDEMNITOR / CO-SIGNER APPLICATION AND INDEMNITY AGREEMENT

THIS IS A FINANCIAL OBLIGATION. READ BEFORE SIGNING. • Print in ink • One agreement per indemnitor

1. BOND AND DEFENDANT INFORMATION (completed by Agent)

DEFENDANT FULL NAME	DEFENDANT DATE OF BIRTH	BOOKING NO.	DATE

COURT	PARISH	CASE / DOCKET NO.	NEXT COURT DATE

CHARGE(S)

BOND AMOUNT	PREMIUM	SURETY / INSURER	POWER OF ATTORNEY NO.
$	$		

AGENT / PRODUCER NAME	PRODUCER LICENSE NO.	OFFICE / LOCATION

2. INDEMNITOR PERSONAL INFORMATION

FULL LEGAL NAME (Last, First, Middle)	DATE OF BIRTH	SOCIAL SECURITY NO.	SEX

ALIASES / OTHER NAMES USED	DRIVER'S LICENSE / STATE ID NO.	STATE	MARITAL STATUS

RACE	HEIGHT	WEIGHT	HAIR	EYES	SCARS / MARKS / TATTOOS

RELATIONSHIP TO DEFENDANT	HOW LONG KNOWN	DOES DEFENDANT LIVE WITH YOU?	U.S. CITIZEN?
		☐ Yes ☐ No	☐ Yes ☐ No

CELL PHONE	HOME / OTHER PHONE	EMAIL

SOCIAL MEDIA HANDLES (Facebook / Instagram / TikTok / X / Snapchat / Other)

3. RESIDENCE

CURRENT STREET ADDRESS	APT / UNIT	CITY	STATE	ZIP

HOW LONG AT ADDRESS	OWN / RENT	LIVES WITH (names and relationship)
	☐ Own ☐ Rent ☐ Other	

LANDLORD / MORTGAGE COMPANY NAME	LANDLORD PHONE	MONTHLY RENT / MORTGAGE
		$

PRIOR ADDRESSES (past 5 years; attach a sheet if more) — Street, City, State, ZIP	FROM – TO	OWN / RENT

4. EMPLOYMENT

CURRENT EMPLOYER	EMPLOYER PHONE	SUPERVISOR

EMPLOYER ADDRESS	POSITION / TITLE

LENGTH OF EMPLOYMENT	SHIFT / HOURS	INCOME	OTHER INCOME / SUPPORT
		$_____ ☐ Wk ☐ 2 Wk ☐ Mo	

PRIOR EMPLOYER	PHONE	POSITION	DATES

5. PROPERTY, ASSETS, AND VEHICLES

DO YOU OWN REAL ESTATE?	IF YES, IS ANY OF IT YOUR HOMESTEAD?	ANY BANKRUPTCY IN PAST 7 YEARS?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

REAL ESTATE — Property Address	PARISH / COUNTY	OWNER(S) OF RECORD	EST. VALUE	MORTGAGE HOLDER / BALANCE

BANK / CREDIT UNION	BRANCH / CITY	ACCOUNT TYPE	ACCT. NO. (LAST 4)
		☐ Checking ☐ Savings	
		☐ Checking ☐ Savings	

VEHICLE YEAR	MAKE	MODEL	COLOR	PLATE NO. & STATE	LIENHOLDER / OWNED FREE

OTHER ASSETS (boats, equipment, investments, etc.)

6. PERSONAL REFERENCES (at least 4, including your nearest relative not living with you)

#	NAME	RELATIONSHIP	ADDRESS (Street, City, State, ZIP)	PHONE
1				
2				
3				
4				
5				
6				

7. PREMIUM AND PAYMENT SCHEDULE

TOTAL PREMIUM	AMOUNT PAID TODAY	UNPAID BALANCE	PAYMENT FREQUENCY	FIRST PAYMENT DUE
$	$	$	☐ Wk ☐ 2 Wk ☐ Mo	

PAYMENT NO.	DUE DATE	AMOUNT DUE	DATE PAID	AMOUNT PAID	RECEIVED BY
1		$		$	
2		$		$	
3		$		$	
4		$		$	
5		$		$	
6		$		$	

Payment terms and amounts are subject to applicable Louisiana law and Louisiana Department of Insurance requirements. Payments are owed by the Defendant and Indemnitor(s) in solido.

8. STIPULATIONS OF THE BAIL BOND AGREEMENT

The Defendant has agreed to the following Stipulations in the Defendant Bail Application (Form USS-DA-2026). The Indemnitor has read each one, understands that the Defendant's compliance is a condition of the bond, agrees to the provisions that apply to the Indemnitor, and initials each one. "Agency" means United States Surety Inc.; "surety" means the surety/insurer named on the bond.

No.	Stipulation	Indemnitor Initials
1	**Court Appearances.** The Defendant will appear at every court date in the case(s) covered by this bond, in person, on time, and will arrive at least _____ minutes early, until the bond is exonerated or discharged. The Defendant is responsible for knowing all court dates, and the Agency's courtesy reminders do not relieve the Defendant of this duty.	_____
2	**Changes in Information (48 Hours).** The Defendant will notify United States Surety Inc. (the "Agency") within 48 hours of any change in residence address, telephone number, email, employment, or vehicle.	_____
3	**Check-Ins.** The Defendant will check in with the Agency _____ (frequency) by ☐ phone ☐ in person ☐ app/text ☐ other: _____, and at any other time the Agency reasonably requests.	_____
4	**Travel Restriction.** The Defendant will not leave ☐ the State of Louisiana ☐ _____ Parish without the Agency's prior written permission, and will obey any travel restriction ordered by the court.	_____
5	**Court-Ordered Conditions.** The Defendant will obey all conditions of release set by the court, which may include no-contact or protective orders, curfew, drug or alcohol testing, electronic or ankle monitoring, and reporting requirements. Conditions known at signing: _____.	_____
6	**No New Arrests; Report Police Contact (24 Hours).** The Defendant will not commit any new offense and will report any arrest, citation, summons, or other police contact to the Agency within 24 hours.	_____
7	**Attorney and Court Date Changes.** The Defendant will notify the Agency within 48 hours of any change of attorney and of any new, reset, continued, or rescheduled court date.	_____
8	**Surrender by Surety.** Under La. C.Cr.P. Art. 331(C), a surety may surrender the defendant at any time and may arrest the defendant for that purpose. The surety, acting through the Agency or its authorized agents, may surrender the Defendant at any time, including (without limitation) for breach of any stipulation, an increased risk of nonappearance, or false or incomplete information. Upon surrender, the premium is fully earned and will not be refunded.	_____
9	**Recovery and Surrender Costs.** The Defendant and Indemnitor(s) are liable, to the extent allowed by Louisiana law, for reasonable costs of locating, apprehending, and surrendering the Defendant, including reimbursement of the $25 fee the surety must pay the detaining officer upon surrender under La. C.Cr.P. Art. 331(C). Other surrender/recovery charges, if any: _____.	_____
10	**Duration of Bond.** The bond remains in effect until it is exonerated or the surety is discharged by the court or by operation of law. These stipulations remain in effect for as long as the bond is in effect and until all amounts owed to the Agency are paid.	_____
11	**Premium Fully Earned.** The premium is fully earned upon the Defendant's release from custody and is nonrefundable, regardless of the outcome of the case, a later surrender or revocation, or the dismissal or reduction of charges.	_____
12	**Payment Plan.** Any unpaid premium balance will be paid according to the written payment schedule. Unpaid balance: $_____, payable $_____ per _____, beginning _____. A missed payment is a breach of these stipulations.	_____
13	**Consent to Contact.** The Agency may contact the Defendant's listed references, employer, and family members, and anyone else named in the application, to verify information and to help locate the Defendant.	_____
14	**False Information.** If any information given to the Agency is false or materially incomplete, the Agency's obligations to the Defendant under this agreement are void and the surety may surrender the Defendant.	_____
15	**Receipt of Copy.** The Defendant (and each Indemnitor) has read these stipulations, or has had them read to him or her, understands them, has had the chance to ask questions, and has received a copy.	_____

9. INDEMNITY AGREEMENT TERMS

In consideration of United States Surety Inc. (the "Agency"), as bail bond general agency, and the surety/insurer named on the bond (the "Surety"), arranging or executing the bail bond described in Section 1 for the release of the Defendant, the undersigned Indemnitor agrees as follows:

1. **Solidary Liability and Indemnity.** The Indemnitor is bound in solido (jointly and severally) with the Defendant and with every other indemnitor, and agrees to indemnify and hold harmless the Agency, the Surety, and their bail bond producers from any loss, liability, or expense arising from the bond, including any bond forfeiture judgment, court costs, interest, reasonable attorney fees, and reasonable costs of locating, apprehending, and surrendering the Defendant, to the extent allowed by Louisiana law. Amounts are due on written demand.
2. **Premium Fully Earned; Nonrefundable.** The premium is fully earned upon the Defendant's release from custody and is nonrefundable, regardless of the outcome of the case, any later surrender or revocation, or the dismissal or reduction of charges.
3. **Unpaid Premium and Payment Plan.** Any unpaid premium balance will be paid according to the schedule in Section 7. If a payment is missed, the unpaid balance becomes due upon written demand, to the extent allowed by Louisiana law.
4. **Duty to Assist; Notice.** The Indemnitor will help the Agency locate the Defendant if requested and will promptly notify the Agency of any information about the Defendant's whereabouts, any change of the Defendant's address, phone, or employment, any missed court date, any new arrest, or any plan by the Defendant to leave the area or not appear.
5. **Request for Surrender.** The Indemnitor may ask the Agency in writing to surrender the Defendant. Whether and when to surrender is within the Surety's and Agency's discretion. If the Defendant is surrendered, the premium is not returned, and the Indemnitor remains liable for amounts owed and costs incurred up to the time the Surety is discharged.
6. **Collateral.** Any collateral described in Section 10 secures all obligations under this agreement. Collateral will be returned to the person named in Section 10 after (a) the bond and any bond covered by Clause 7 have been exonerated or the Surety has been discharged, and (b) all premium and other amounts owed under this agreement have been paid. After a loss, the Agency may apply collateral to the amounts owed, to the extent allowed by Louisiana law, and will account for and return any excess. Collateral return timing: within _____ days after written proof of exoneration/discharge and payment in full.
7. **Continuing Agreement.** This agreement applies to the bond described in Section 1 and to any reinstated, transferred, substituted, or replacement bond posted for the Defendant in the same case.
8. **Credit and Background Authorization.** The Indemnitor authorizes the Agency to obtain consumer credit reports, background information, and public records about the Indemnitor to evaluate this agreement and, while any amount is owed, to review and collect the account.
9. **Consent to Contact.** The Indemnitor consents to being contacted by the Agency by phone call, text message, and email at the numbers and addresses given in this agreement, and to the Agency contacting the references, employer, and family members listed, about the bond, the Defendant's court dates and whereabouts, and amounts owed.
10. **Stipulations.** The Indemnitor has read and initialed the Stipulations of the Bail Bond Agreement in Section 8 and agrees to the provisions that apply to the Indemnitor.
11. **Governing Law and Venue.** This agreement is governed by the laws of the State of Louisiana. To the extent allowed by law, any action to enforce it will be brought in the courts of St. Landry Parish, Louisiana, where the Agency's office is located.
12. **Severability.** If any part of this agreement is found invalid or unenforceable, the remaining parts remain in full force and effect.
13. **Entire Agreement.** This agreement, including the Stipulations, the payment schedule, and the collateral receipt, together with the Defendant Bail Application, is the entire agreement between the Indemnitor and the Agency about this bond. It may be changed only in a writing signed by the Indemnitor and an authorized Agency representative.
14. **Certification.** The Indemnitor certifies that all information given in this application is true, correct, and complete, and understands that the Agency and Surety are relying on it.
15. **Acknowledgment; Copy.** The Indemnitor has read this entire agreement (or has had it read to him or her), has had the opportunity to ask questions and to consult an attorney, signs it voluntarily, and has received a complete copy.

Signed at _____, Louisiana, on the _____ day of _____, 20____.

INDEMNITOR SIGNATURE	INDEMNITOR PRINTED NAME	DATE

WITNESS 1 SIGNATURE	WITNESS 1 PRINTED NAME	WITNESS 2 SIGNATURE	WITNESS 2 PRINTED NAME

AGENT / PRODUCER SIGNATURE (for United States Surety Inc.)	LICENSE NO.	DATE

NOTARIAL ACKNOWLEDGMENT (optional)

STATE OF LOUISIANA, PARISH OF _____. BEFORE ME, the undersigned Notary Public, personally came and appeared _____, who declared that he/she signed the foregoing Indemnity Agreement as his/her free act and deed, for the purposes stated in it, in the presence of the undersigned witnesses, on _____, 20____.

NOTARY PUBLIC SIGNATURE	PRINTED NAME	NOTARY ID / BAR ROLL NO.

10. COLLATERAL RECEIPT (☐ No collateral taken)

#	DESCRIPTION OF COLLATERAL	SERIAL / TITLE / VIN / ACCT. ID	EST. VALUE	OWNER OF COLLATERAL
1			$	
2			$	
3			$	

CASH COLLATERAL RECEIVED	RECEIPT NO.	RECEIVED BY (Agent)	DATE RECEIVED
$			

RETURN COLLATERAL TO (name and address)

COLLATERAL RETURNED ON (date)	RETURNED BY	RECEIVED BACK BY (signature)