

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 Accredited Surety and Casualty Company, Inc. ("Surety") to issue, or cause to be issued, bail bond(s) or undertaking(s) for you (singularly or collectively the "Bond") for

\_\_\_\_\_ ("Defendant") using power of attorney number(s) (if known)  
FIRST MIDDLE LAST

\_\_\_\_\_, in the total amount of \_\_\_\_\_ Dollars

(\$ \_\_\_\_\_) in the \_\_\_\_\_ Court of \_\_\_\_\_

**1. INDEMNITOR'S NAME AND ADDRESS**

Name \_\_\_\_\_ Nickname/Alias \_\_\_\_\_  
FIRST MIDDLE LAST

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Current Home Address \_\_\_\_\_

How Long \_\_\_\_\_  Rent or  Own Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Former Home Address \_\_\_\_\_

How Long \_\_\_\_\_  Rent or  Own Landlord \_\_\_\_\_ Phone \_\_\_\_\_

**2. PERSONAL DESCRIPTION**

Date of Birth \_\_\_\_\_ Where Born \_\_\_\_\_ Sex  Male  Female Race \_\_\_\_\_  
CITY & STATE

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

How Long in U.S. \_\_\_\_\_ U.S. Citizen  Yes  No Nationality \_\_\_\_\_ Alien # \_\_\_\_\_

Union \_\_\_\_\_ Local # \_\_\_\_\_ Military Service Branch \_\_\_\_\_ Active  Yes  No Discharge Date \_\_\_\_\_

Additional Notes \_\_\_\_\_

**3. EMPLOYMENT**

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

How Long \_\_\_\_\_ Employer Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

**4. MARITAL STATUS/CHILDREN**

Married  Divorced  Separated  Widowed  Single  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 \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**7. FINANCIAL STATEMENT/CREDIT INFORMATION**

Cash On Hand \$ \_\_\_\_\_ Cash In Bank \$ \_\_\_\_\_

Real Estate Value \$ \_\_\_\_\_ Real Estate Mortgage \$ \_\_\_\_\_

In Whose Name Is Title \_\_\_\_\_ Monthly Salary Or Wages \$ \_\_\_\_\_

**BAIL PRODUCER** [Include: name, address, phone no. and license no.]  
**PERKINS BAIL BONDS, INC.**  
1822 BROADWAY  
FT. MYERS, FL 33901  
239-332-0332

**FLORIDA RESIDENTS** 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.

**I AGREE TO THE TERMS SET FORTH ON PAGE 1 (FRONT) AND PAGE 2 (BACK) OF THIS AGREEMENT.**

Signed, Sealed And Delivered at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**WITNESS** \_\_\_\_\_ **INDEMNITOR** \_\_\_\_\_

Sign \_\_\_\_\_ Sign \_\_\_\_\_

Print \_\_\_\_\_ Print \_\_\_\_\_