

**LEXINGTON NATIONAL INSURANCE CORPORATION**  
**Indemnitor (co-signor) Confidential Application for Bail Bond**

The undersigned hereby warrant(s) that the following declarations made and answers given are the truth without reservation and are made for the purpose of inducing LEXINGTON NATIONAL INSURANCE CORPORATION, a Maryland Corporation, hereinafter called "SURETY", to become surety or procure suretyship on bond power of attorney number(s) \_\_\_\_\_ posted in behalf of \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ in the \_\_\_\_\_ Court of the \_\_\_\_\_ Judicial District County of \_\_\_\_\_, State of California.

The undersigned further agree(s) to indemnify and hold harmless LEXINGTON NATIONAL INSURANCE CORPORATION and/or its Agent for any and all losses incurred as a result of a forfeiture of the above referenced bond not otherwise prohibited by law.

The undersigned consent(s) to and authorizes the Surety and or its Agent to obtain any and all private or public information and/or records concerning the undersigned from any party or agency, private or governmental (local, state, or federal, including, but not limited to, credit reports, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, school records, worker compensation records, and employment records. The undersigned authorizes, without reservation, any party or agency, private or governmental (local, state, or federal) contacted by SURETY and/or its Agent, to furnish any and all private or public information and records in their possession concerning the undersigned to the SURETY and/or its Agent, and directs that a copy of this document shall serve as evidence of said authorization.

NAME \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Description: Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Scars/Marks/Tattoos \_\_\_\_\_

Physical/Medical Conditions \_\_\_\_\_

Resident Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_

Own, Rent or Board (circle one), From Whom \_\_\_\_\_ How Long \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

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

How Long \_\_\_\_\_ Supervisor \_\_\_\_\_

Marital Status/Significant Other Name \_\_\_\_\_ How Long Together \_\_\_\_\_

Resident Address (if different) \_\_\_\_\_

D.L. # \_\_\_\_\_ State \_\_\_\_\_ SS # \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Describe Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Where Financed \_\_\_\_\_ Payment \_\_\_\_\_ Term \_\_\_\_\_

Auto Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Second Car: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Where Financed \_\_\_\_\_ Payment \_\_\_\_\_ Term \_\_\_\_\_

Auto Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name Nearest Relative: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Reference Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Reference Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Signed, Sealed, and Delivered this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

Indemnitor Signature: \_\_\_\_\_

Print Indemnitor Name: \_\_\_\_\_