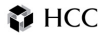


American Contractors Indemnity Company

A MEMBER OF HCC SURETY GROUP



APPLICATION AND AGREEMENT FOR SURETY BAIL BOND



Exec. Date _____

D.O.B. _____ Sex _____

Race _____ Moustache _____

Height _____ Weight _____ Bond No. _____ Amt. \$ _____ Booking # _____

Hair _____ Eyes _____ Bond No. _____ Amt. \$ _____ Where Held _____

I.D. Marks _____ Glasses _____ Where Born _____ Arr. By _____

S.S. # _____ D.L. # _____ C.I.I. # _____ F.B.I. # _____

Booking Name _____ A.K.A. _____

Charges _____ Case # _____ Date to Appear _____ Time _____

Court _____ Jud. Dist. _____ Div. Or Dept. _____ County _____

Defendant Info.

St. Add _____ City _____ Phone _____ How long _____

Former Add. _____ City _____ State _____ How long _____

Years in City _____ County _____ State _____ Last County _____ Last State _____

Employed By _____ Occupation _____ Work Phone _____ How long _____

Employer's Add. _____ Superior _____ Mo. Income _____ Shift _____

Previous Employer _____ Address _____ City _____ When _____

Previous Arrest Charge _____ Court _____ County _____ When _____

Disposition _____ Previous Bail _____ With Who _____ Amount \$ _____ Case Pending? _____

On Probation? _____ Where _____ Probation Officer _____

Vehicle - Make _____ Model _____ Year _____ Color _____ License # _____

Union _____ Local # _____ Co-Defendants _____

Credit Ref. & Accts. # ' _____

Family Info.

Spouse _____ Add. _____ Phone _____ How long _____

Employed By _____ Add. _____ City _____ Work Phone _____

Occupation _____ Superior _____ Mo. Income _____ How long _____

Married? - When _____ Where _____ Spouse's Maiden Name _____ DOB _____

Spouse's Vehicle - Make _____ Model _____ Year _____ Color _____ License # _____

Previous Spouse _____ Add. _____ City _____ Phone _____

Children - Name & Age _____ School _____

Mother _____ Add. _____ City _____ Phone _____

Father _____ Add. _____ City _____ Phone _____

Spouse's Mother _____ Add. _____ City _____ Phone _____

Spouse's Father _____ Add. _____ City _____ Phone _____

Def. Brother _____ Add. _____ City _____ Phone _____

Dif. Sister _____ Add. _____ City _____ Phone _____

Personal Reference _____ Add. _____ City _____ Phone _____

Personal Reference _____ Add. _____ City _____ Phone _____

Indemnitor Info.

Indemnitor _____ Add. _____ City _____ Zip _____

Social Security # _____ D.L. # _____ DOB _____ Relation to Def. _____ Phone _____

Employed By _____ Add. _____ Phone _____

Occupation _____ How long _____ Superior _____ Monthly Income _____

Bank _____ Branch _____ Account # _____ Type _____ Balance _____

Spouse _____ Add. _____ Phone _____

Employed By _____ Add. _____ Phone _____

Occupation _____ How long _____ Superior _____ Monthly Income _____

Vehicle - Make _____ Model _____ Year _____ Color _____ License # _____

Registered Owner _____ Legal Owner _____ Liens _____

Real Property _____ In Who's Name _____ How Long _____

Lot _____ Block _____ Tract _____ Maps in Book _____ Page _____

Value _____ Equity _____ Financed By _____ A.P. No. _____

Credit Ref. & Accts. #'s _____

I certify that the above is true and correct. I further understand this is an application for a type of credit, and authorize review of my credit history via credit reporting agency checks.

Cal West Bail Bonds 1-866-785-BAIL

DATE

SIGNATURE OF INDEMNITOR

STATEMENT OF INFORMATION REQUIRED BY SECTION 2100, CALIFORNIA REGULATORY CODE, AND WHICH MAY BE REQUIRED IN OTHER STATE

Full name of person supplying information

Name of person negotiating bail

Name of person receiving information

Address

Address

Date and time information received

Connection or relationship to defendant

Name of person negotiating bail

Name of person receiving information

If same was defendant, how did he communicate?

Name of licensee who negotiated transaction

Name of other agent involved and commission paid

If writ, Name of Attorney

Name and sum paid unlicensed persons and service performed

Was consideration other than money received? YES [] NO [] If yes, explain in detail and attach statement