

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 Superior Court of the _____ Judicial District County of Los Angeles, 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: _____