

APPLICATION FOR BAIL

Amt. of Bail \$ _____ Total Charges \$ _____

Seneca Insurance Co., 160 Water St, 16th Fl, New York, NY 10038 (212) 344-3000

Premium Chg \$ _____ Received \$ _____

Date of Bond: _____

Bond Power No. _____ Balance \$ _____

Producer Name, Address, Phone Number and License Number _____

Defendant's Booking Name _____ True Name _____

Street Address _____ Apt _____ City & State _____ How Long _____

Home Phone _____ Cell Phone _____ D.O.B _____ Sex _____ Race _____

Height _____ Weight _____ Hair _____ Eyes _____ Glasses _____ Moustache _____

I.D.Marks _____ Birthplace _____ S.S.# _____ D.L.# _____

Date of Arrest _____ Where Held _____ Charges _____

Case # _____ Booking# _____ Date to Appear _____ Time _____

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

Former Address _____ Apt# _____ City and State _____ How Long _____

Employer _____ Address _____ Phone _____

Occupation _____ Mo. Income _____ Supervisor _____ How Long _____

Previous Arrest Charge _____ Court _____ County _____ Dates Arrested _____

Disposition _____ Previous Bail _____ By Whom _____ Amount of Bail \$ _____

On Probation? _____ Where _____ Probation Officer _____

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

Real Estate Description _____ Value _____ Mortgage Amount _____

Spouse _____ Address _____ City & State _____ Home Phone _____

Spouse's Cell Phone _____ D.O.B _____ S.S.# _____

Spouse's Employer _____ Address _____ City & State _____ Phone _____

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

Children Names & Ages _____

REFERENCES:

Name	Address	Phone No.	Cell Phone	Relationship
1. _____	_____	_____	_____	Father
2. _____	_____	_____	_____	Mother
3. _____	_____	_____	_____	Sis/Broth
4. _____	_____	_____	_____	Friend

INDEMNITOR NAME: _____ Home Phone _____ Cell Phone _____

Address _____ City, State, Zip _____

Social Security # _____ D.L.# _____ D.O.B. _____ Relation to Defendant _____

Employer _____ Address _____ Phone _____

Occupation _____ How Long _____

Spouse _____ Spouse's Employer _____ Address _____

Occupation _____ How Long _____

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

Collateral Type _____ Amount Taken _____

INDEMNITOR NAME: _____ Home Phone _____ Cell Phone _____

Address _____ City, State, Zip _____

Social Security # _____ D.L.# _____ D.O.B. _____ Relation to Defendant _____

Employer _____ Address _____ Phone _____

Occupation _____ How Long _____

Spouse _____ Spouse's Employer _____ Address _____

Occupation _____ How Long _____

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

Collateral Type _____ Amount Taken _____

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies. § 10-1-128(6)(a) C.R.S.

In order to receive a return of your collateral from your producer you must deliver a copy of the court order resulting in a release of the bond by the court to the producer or the surety company.

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

Indemnitor's Signature _____ Date _____

Indemnitor's Signature _____ Date _____

Producer's Signature _____ Date _____

Defendant's Signature _____ Date _____