First Community Insurance Company

Confidential Application

"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."

(All questions must be answered in full)

I, the undersigned, do hereby apply to the FIRST COMMUNITY INSURANCE COMPANY to act as my bail in the amount of $ _____

in the _____ court of _____ wherein I am charged with _____

and _____,

and I agree to the following terms and conditions prescribed by the State Insurance Department.

TERMS AND CONDITIONS

The following terms and conditions are an integral part of this application for appearance bond No. _____ dated _____ for which FIRST COMMUNITY INSURANCE COMPANY or its Agent shall receive a premium in the amount of _____ ($ _____) Dollars, and the parties agree that said appearance bond is conditioned upon full compliance of all said terms and conditions and is a part of said bond and application therefore.

1. FIRST COMMUNITY INSURANCE COMPANY, as bail, shall have control and jurisdiction over the Defendant during the term for which the bond is executed and shall have the right to apprehend, arrest and surrender the Defendant to the proper officials at any time as provided by law.
2. In the event surrender of Defendant is made prior to the time set for Defendant's appearances, and for reason other than as enumerated below in paragraph 3, then Defendant shall be entitled to a refund of the bond premium.
3. It is understood and agreed that the happening of any one of the following events shall constitute a breach of Defendant's obligation to FIRST COMMUNITY INSURANCE COMPANY hereunder, and FIRST COMMUNITY INSURANCE COMPANY shall have the right to forthwith apprehend, arrest, and surrender Defendant ,and Defendant shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of Defendant's obligation hereunder are:
   a. If Defendant shall depart the jurisdiction of the court without the written consent of the court and FIRST COMMUNITY INSURANCE COMPANY, or its Agent.
   b. If Defendant shall move from one address to another without notifying FIRST COMMUNITY INSURANCE COMPANY, or its Agent in writing prior to said move.
   c. If Defendant shall commit any act which shall constitute reasonable evidence of Defendant's intention to cause a forfeiture of said bond.
   d. If Defendant is arrested and incarcerated for any offense other than a minor traffic violation.
   e. If Defendant shall make any material false statement in the application.

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1. NAME AND ADDRESS

Full name _____ Home phone _____

Nickname or alias _____ Neighbor phone _____

Current address _____
Street City State Zip

Mailing address _____
P.O. Box/ Street City State Zip

2. PERSONAL DESCRIPTION/MARKS

Weight _____ Height _____ Race _____ Sex _____ Male _____ Female

Color of eyes _____ Color of hair _____ Date of birth _____ Nationality _____

Citizenship status _____ Place of birth _____ Scars, marks _____

3. MARITAL STATUS/CHILDREN

_____ Married _____ Divorced _____ Seperated _____ Widowed _____ Single _____ Cohab

Spouse's name _____ Spouse's Occupation _____

Spouse's employer _____ Phone _____

Spouse's address _____
Street City State Zip

Spouse's: Date of birth _____ Driver's license # _____ Social Security # _____

Child's name _____ Age _____ School attended _____

Child's name _____ Age _____ School attended _____

Child's name _____ Age _____ Occupation _____

Child's address _____
Street City State Zip

4. EMPLOYMENT

Your occupation _____ Name of Company _____ Business Phone _____

Name of supervisor _____ Address _____ How long have you worked for this Co.? _____

Former employer(s) _____

For good and valuable consideration, the undersigned principal hereby agrees to indemnify and/or hold harmless FIRST COMMUNITY INSURANCE COMPANY or its Agent for any and all losses not otherwise prohibited by law, or rules and regulations promulgated under any applicable statute.

In addition, the Defendant hereby authorizes and directs his relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue, the state Department of Disability Insurance, the United States Armed Forces, the state Division of Motor Vehicles, all Municipal, County, State and Federal Law Enforcement Agencies and any other persons or organizations having information concerning the Defendant's whereabouts to give such information to FIRST COMMUNITY INSURANCE COMPANY and its assigns and/or duly authorized representatives. The Defendant understands that any information obtained will be used for the purpose of securing his or her appearance and/or apprehension for Court appearance, and for the purpose of securing reimbursement for any expenses incurred as a result of Defendant's non-appearance. The Defendant hereby waives his or her rights with respect to the Privacy Act and authorizes the use of copies of this document by FIRST COMMUNITY INSURANCE COMPANY and its assigns and/or duly authorized representatives.

Signed, sealed and delivered this _____ day of _____, _____.

Signature of Applicant _____ Mailing address _____

5. SS#/DL#/CAR/CREDIT REFERENCES

Social Security # _____ Driver's License # _____ State _____

Describe Car: Year _____ Make _____ Model _____ Color _____ Tag No. _____

Describe Car: Year _____ Make _____ Model _____ Color _____ Tag No. _____

Where Financed? _____ Amount owed: $ _____

Bank references _____ Credit card name and acct.# _____

Credit card name and acct.# _____ Credit card name and acct. # _____

6. MORTGAGE/LANDLORD/RESIDENCE INFORMATION

How long have you lived at your current address? _____

Do you _____ Own _____ Rent your Home? Other _____

_____ Mortgage Company or _____ Person from whom you rent _____

Address of _____ Mortgage Co. or _____ Landlord _____

7. ATTORNEY

Full Name _____

Address _____ Phone _____

8. LIST REFERENCES (Relatives and Personal Friends) WHO DO NOT LIVE AT THE SAME ADDRESS

Name _____ Address _____ Phone _____

Relation _____ Employer _____ Job Phone _____

Name _____ Address _____ Phone _____

Relation _____ Employer _____ Job Phone _____

Name _____ Address _____ Phone _____

Relation _____ Employer _____ Job Phone _____

Name _____ Address _____ Phone _____

Relation _____ Employer _____ Job Phone _____

Name _____ Address _____ Phone _____

Relation _____ Employer _____ Job Phone _____

Name _____ Address _____ Phone _____

Relation _____ Employer _____ Job Phone _____

9. ADDITIONAL INFORMATION

Reason for arrest _____

DATE OF ARREST _____ Arresting Officer _____

List all previous arrests _____

Bonded before by _____ Still indebted _____