

COMPANY	 <p>UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY</p> <p>3214 Chicago Drive, Hudsonville, MI 49426 Phone: 616.662.3900 Fax: 616.662.4460 compliance@ufcic.com</p>	PRODUCER	(PREPRINTED OR STAMPED NAME OF THE INSURANCE PRODUCER WHO POSTED THE BOND WITH THE COURT) (Must include name, address, phone no., e-mail and license no.)
*You may deliver any bond release documentation to the Universal Fire & Casualty Insurance Company.			

SURETY BOND APPLICATION - DEFENDANT

Any person, with intent to defraud an insurer, who submits an application or claim containing a false or deceptive statement is guilty of insurance fraud.

Defendant _____ Phone(s) _____
 Former Name or Alias _____ Birthplace _____
 Date of Birth _____ Race _____ Sex _____ Height _____ Weight _____ Hair Color _____ Eye Color _____
 Yes Beard Right Handed Yes
 No Mustache Left Handed Photo Taken No Disabilities _____
 Other Tattoos _____ Identifiers _____
 Booking / Inmate # _____ SS# _____ DL # _____
 Address _____ City _____ St _____ Zip _____ How Long _____
 Former Address _____ City _____ St _____ Zip _____ How Long _____
 Years in City _____ Years in State _____ Last State _____ Where Arrested _____

Co-Defendant(s) _____
 Failures to Appear _____ Pre-Trial/Parole Bond/Probation _____
 Court Case(s) _____ Out On Bail _____

Employer _____ Position _____ How Long _____ Supervisor _____
 Employer Address _____ Phone, Extension/Dept. _____
 Union Member _____ Current Military _____

Vehicle: Year _____ Make _____ Model _____ Color _____ Plate # _____ State _____

Where Financed? _____ Amount Owed \$ _____

Vehicle: Year _____ Make _____ Model _____ Color _____ Plate # _____ State _____

Where Financed? _____ Amount Owed \$ _____

Spouse / Partner _____ Phone(s) _____

Address _____ City _____ St _____ Zip _____ How Long _____

Employer _____ Phone(s) _____

Address _____ City _____ St _____ Zip _____ How Long _____

References:	Name	Address (Street/City/State/Zip)	Phone(s)	Relationship	How Long
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1. _____

2. _____

3. _____

Emergency Contact _____ Phone(s) _____

Address _____ City _____ St _____ Zip _____ How Long _____

Translation Request - Solicitud de traducción:
 Check this box (Marque esta casilla) If Indemnitor or Defendant requires Agreement to be read to them or if Producer or Third Party has translated this document for signer. If checked, Producer must complete a separate Translation Affidavit pursuant to C.R.S. 10-2-705; Bail Bond documents - requirements - rules (1)(VI)

I hereby represent and warrant that the foregoing information is true, complete and correct and is made for the purpose of inducing Universal Fire & Casualty Insurance Company to issue, or cause to be issued, bail bond(s) for the defendant referred to herein. Any information provided can be used for apprehension and/or recovery.

Defendant Signature: _____ Date: _____