

COMPANY	 UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY 3214 Chicago Drive, Hudsonville, MI 49426 Phone: 616.662.3900 Fax: 616.662.4460 compliance@ufcic.com	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 - INDEMNITOR

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) _____

Power No(s) _____

Indemnitor Name _____ Relationship _____ Phone(s) _____

Address _____ City _____ St _____ Zip _____ How Long _____

Date of Birth _____ Sex _____ Race _____ SS # _____ DL # _____ Pre-Trial/Parole Bond/Probation _____

Renting Home _____ Landlord Name _____ Phone _____

Buying Home _____ How Long _____ Value _____ Mortgage Holder _____

Name(s) On Deed _____

Employer _____ Position _____ How Long _____ Supervisor _____

Employer Address _____ Phone, Extension / Dept. _____

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

Spouse / Partner _____ Phone(s) _____

Employer _____ Position _____ How Long _____ Supervisor _____

Employer Address _____ Phone, Extension / Dept. _____

Indemnitor Income Source(s) _____ Total Monthly Income _____

Ability to Pay Forfeiture _____ How Quickly _____

Signature Only _____ Collateral Also _____ Type / Value of Collateral _____ Receipt Provided _____

Cash on hand \$ _____ Credit Card Type _____ Card No. _____ CSV _____

Cash in Bank \$ _____ Bank Name _____ Acct. No. _____

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

1. _____

2. _____

Defendant: _____

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.

Indemnitor Signature: _____ Date: _____