


<b>COMPANY</b>	 <b>UNIVERSAL FIRE &amp; CASUALTY INSURANCE COMPANY</b> 2850 Dixie Hwy, Ste 100 • Waterford, MI 48328 Phone: 800.874.8742 • FAX: 616.662.4460 bailinfo@ufcic.com <small>*You may deliver any bond release documentation to the Universal Fire &amp; Casualty Insurance Company.</small>	<b>PRODUCER</b>	(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.)
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## 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 ☐ No   
 ☐ Beard ☐ Mustache   
 ☐ Right Handed ☐ Left Handed   
 Photo Taken ☐ Yes ☐ No   
 Disabilities \_\_\_\_\_

Glasses \_\_\_\_\_

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: \_\_\_\_\_