


COMPANY	 <p>UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY</p> <p>2850 Dixie Hwy, Ste 100 • Waterford, MI 48328 Phone: 800.874.8742 • FAX: 616.662.4460 bailinfo@ufcic.com</p> <p><small>*You may deliver any bond release documentation to the Universal Fire & Casualty Insurance Company.</small></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.)
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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 traduccion:

☐ **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: _____