Universal Fire & Casualty Insurance Company 2850 Dixie Hwy, Ste 100 · Waterford, MI 48328 Phone: 800.874.8742 · Fax: 616.662.4460

____ court of ___

in the _

CONFIDENTIAL APPLICATION

_____ wherein I am charged with ___

WARNING – PLEASE READ FIRST:

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 missing information is guilty of a felony of the third degree. (All questions must be answered in full.)

and I	agree to the following terms and con-	ditions prescribed by	the State Insu	rance Dep	artment.				
		J	TERMS A	ND CC	NDITION	S			
Т	The following terms and conditions are	e an integral part of t	his application	for appear	rance bond No(s))			
	dated	d			for which UNIV	ERSAL FII	RE & CASUALTY I	NSURANCE COMPANY	
or its	agent shall receive a premium in the	amount of					(\$) Dollars, and the	
parti	es agree that the said appearance bond	l is conditioned upon	full complian	ce of all sa	id terms and con	ditions and is	s a part of said bond a	nd application therefore.	
2. I ti 3. I (niversal Fire & Casualty Insurance Company, as bail, shall have control and jurisdiction over the Defendant during the term for which the bond is executed d shall have the right to apprehend, arrest, and surrender the Defendant to the proper officials at any time as provided by law. the event surrender of Defendant is made prior to the time set for the Defendant's appearances, and for reason other than as enumerated below in paragraph 3, en Defendant shall be entitled to a refund of the bond premium. is understood and agreed that the happening of any one of the following events shall constitute a breach of the Defendant's obligations to Universal Fire & casualty Insurance Company hereunder, and Universal Fire & Casualty Insurance Company shall have the right to forthwith apprehend, arrest, and surrender efendant, and Defendant shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of Defendant's obligation reunder are: If Defendant shall depart the jurisdiction of the court without the written consent of the court and Universal Fire & Casualty Insurance Company, or its agent.								
t	If Defendant shall move from one address to another without notifying Universal Fire & Casualty Insurance Company, or its agent in writing prior to said								
Ċ	move. If Defendant shall commit any act If Defendant is arrested and incarc If Defendant shall make any mater	erated for any offenc	e other that a	minor traff		ention to caus	se a forfeiture of said	bond.	
1.	NAME AND ADDRESS								
]	Name: First	Middle			LastSuffix				
	Cell Phone								
;	Social Security #	Driver's	Lic. #				Expire Date	State	
	Current Address								
]	Maiden Name Mailing Address (if different)								
2.]	PERSONAL DESCRIPTION / MAI	RKS							
]	Height Weight	Eye	Color		Hair Color		Race	Sex: Male Female	
	Date of Birth								
:	Scars / Tattoos / Marks:								
3.	EMPLOYMENT								
(Company Name (Do not write "Self") Work Phone								
•						Employment			
;	Supervisor Name	Work Address							
]	Previous Employer Work Address								
4.	MARITAL STATUS								
ı	□ Single □ Married	□ Divorced	□ Separate	ed	\square Widowed	□ Pa	rtner/Engaged	□ Cohab / Roommate	
;	Spouse/Cohab/Partner's Name					Cell Phone			
;	Spouse/Cohab/Partner's Employer	Work Phone							
	Employers Address								
;	Spouse/Cohab/Partner's Date of Birth		S	locial Secu	rity No				
5. (CHILDREN								
•	Child's Name		Age	Phone			School/Job		
•	Child's Name		Age	Phone			School/Job		
	Child's Name								
(Child's Name		Age	Phone			School/Job		
	or good and valuable consideration, the undersigned principal hereby agrees to indemnify and/or hold harmless, Universal Fire & Casualty Insurance Company, or its Agent for any and all losses not otherwise prohibited by law, or rules and regulations promulgated under any applicable statute.								
]]]	n 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 Universal Fire & Casualty 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 neutred as a result of Defendants 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 Universal Fire & Casualty Insurance Company and its assign and or duly authorized representatives.								
]	In witness whereof, the said Applicant	t has hereunto signed	l and sealed the	ese present	s this	day of		, 20	
;	Signature of Applicant				Witness Signat	ture			
	Printed Name of Applicant								

I, the undersigned, do hereby apply to Universal Fire & Casualty Insurance Company, to act as my bail in the amount of \$___

6.									
		Model Tag							
		Amount Owed							
	Bank Name	Account Type(s) Checking Savings Money Marke							
		Account Type Visa Mastercard							
	Credit Card Company Name	Account Type Visa Mastercard							
7.	RESIDENCE INFORMATION								
	How long have you lived at your current address?	Do you □ Own □ Rent □ Live with Family □ Live with Friends							
	Name on Deed of home	Landlord/Mortgage Company Name							
	Phone number of Landlord/Mortgage Company								
8.	ATTORNEY								
	Attorney Name	Law Firm							
	Address Phone Number								
	FAMILY INFORMATION								
	Father's Name	Home Number							
	Address								
		Work Number							
	Mother's Name	Home Number							
		Cell Number							
	Employer	Work Number							
	Sibling's Name	Home Number							
	Address	Cell Number							
	Employer	Work Number							
	Grandparent's Name(s)	Home Number							
	Address								
	Employer	Work Number							
	PERSONAL REFERENCES - ALL 3 MUST BE COMPLI	ETED (DO NOT USE FAMILY LISTED ABOVE OR EMPLOYER)							
	Name								
	Address	Cell Number							
	Relation to You								
	Name								
	Address								
		How long have you known this person							
	Name								
	Address								
		How long have you known this person							
11.	. ADDITIONAL INFORMATION								
	Are you currently on another bond (other than this one)? Yes No If yes, with whom?								
	Are you currently on Probation? □ Yes □ No	If yes, which County?							
	_								
Sig	gnature of Applicant								

Printed Name of Applicant ___