

# Jarrett Parish Bail Bonds, LLC



"I'll put your feet  
back on the street"

Continental Heritage Insurance Co.

PO BOX 1747  
Bushnell, Florida 33513  
352.303.0000

## INDEMNITOR INFORMATION

The undersigned Indemnitor desires JARRETT PARISH BAIL BONDS, LLC (hereinafter called "Surety") to execute, or cause to be executed, the bond herein applied for. Indemnitor makes answers to the questions below, and every answer is warranted to be true without any mental reservations whatsoever.

The following term and conditions are an integral part of this application for Appearance Bond No. \_\_\_\_\_ dated \_\_\_\_\_ for which Surety or its Agent shall receive a premium in the amount of (\$ \_\_\_\_\_) and parties agree that said Appearance Bond is conditioned upon full compliance of the following:

1. It is understood and agreed that the happening of the following event shall constitute a breach of Defendant's obligations to Surety, and Surety shall have the right to forthwith apprehend, arrest, and surrender Defendant and Defendant or Indemnitor shall have no right to any refund of premium whatsoever.

a. If Indemnitor shall make any material false statement on this Application.

DEFENDANT'S NAME: \_\_\_\_\_

Name of Indemnitor	_____	_____	_____	_____
Date of Birth	First _____	Middle _____	Last _____	Relation to Defendant _____
Address where you reside	_____			
Home phone _____	Street _____	Apt _____	City, State _____	Zip _____
Mailing Address _____	Street _____	Apt _____	City, State _____	Zip _____
Landlord of Mortgage Co. _____	Street _____	Apt _____	City, State _____	Phone No. _____
Previous Address _____	Street _____	Apt _____	City, State _____	Zip _____
Place of Employment (if self-employed, give details) _____	_____			How long? _____
Employment Address _____	Street _____	City, State _____	Zip _____	
Job Title or Description _____	Supervisor _____	Bus. Phone _____	_____	
Social Security # _____	ID or Driver's License No. _____	Salary \$ _____	_____	
Spouse's Name _____	Address, if different _____			
Date of Spouse Birth _____	Place of Spouse Birth _____	TDL # _____	_____	
Spouse Employed By _____	How long? _____			
Spouse Employment Address _____	Street _____	City, State _____	Zip _____	Phone / Ext _____
List of All Automobiles 1. _____	Year _____	Make _____	Model and Color _____	License Plate # _____
Automobiles 2. _____	Year _____	Make _____	Model and Color _____	License Plate # _____
Lien Holder _____	Ins. Co. _____	Phone # _____	_____	

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Personal References:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of the Indemnitor \_\_\_\_\_ all information given is true and accurate.