

AGENT _____ DATE OF APPLICATION _____

Defendants Full Name (First, Middle, Last) _____
 Alias/Nickname/Street Name _____ Home Phone # _____
 Social Sec. No. _____ Date of Birth _____ Place of Birth _____ Race _____
 Height _____ Weight _____ Eye Color _____ Hair Color _____ Scars/Tattoos/Marks _____
 Address _____ Apt. # _____ () Own () Rent Landlord _____
 City _____ State _____ Zip Code _____ Previous Address _____

Offence _____	Case# _____	Power # _____	Amount \$ _____	Premium \$ _____
Offence _____	Case# _____	Power # _____	Amount \$ _____	Premium \$ _____
Offence _____	Case# _____	Power # _____	Amount \$ _____	Premium \$ _____
Offence _____	Case# _____	Power # _____	Amount \$ _____	Premium \$ _____
Total Amount \$			Total Prem. \$	

Court _____ Appearance Date _____ Time _____

Present Occupation(s) _____ Previous Occupation _____
 Employer _____ Shift _____ How Long _____
 Address _____ Job Title _____ Phone _____
 Previous Employer _____ How Long _____
 Union _____ Local # _____

Spouse Full Name _____ Date of Birth _____ Social Sec No. _____
 Maiden Name _____ Occupation(s) _____
 Employer _____ Shift _____ How Long _____
 Address _____ Job Title _____ Phone _____

Children's Name	Age	Address, City, State, Zip	School/Employer	Phone

Auto Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____
 Amount Owed _____ Lien Holder _____
 Insurance Agent & Company _____
 Driver's License # _____ State _____ Expiration Date _____
 Previous Arrests for _____ Where _____
 On Probation/Parole _____ Where _____ Probation/Parole Officer _____
 Credit Card Company _____ Account# _____
 Credit Card Company _____ Account# _____
 Attorney _____ Address _____ Phone _____

Relatives/Friends	Address, City, State, Zip	Phone
Mother		
Father		
Sibling		
Sibling		
Sibling		
Sibling		
M-Law		
F-Law		
Gr. Parents		
Best Friend		
Ex Spouse		

I have read and had explained to me and understand the following terms and conditions of **Financial Casualty & Surety, Inc.** (hereinafter called **Financial Casualty**) executing the above listed Surety Bail Bond(s) on my behalf:

1. **Financial Casualty** shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the court and Financial Casualty as provided by law.
2. It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to **Financial Casualty** and that **Financial Casualty** and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s):
 - a. If I depart the jurisdiction of the court without written consent of the court and **Financial Casualty** or its Agent.
 - b. If I shall move from one address to another or change my phone number without notifying **Financial Casualty** and/or its Agent.
 - c. If I commit any act, which shall constitute reasonable evidence of my intention to cause a forfeiture of, my bail bond(s).
 - d. If I am arrested and incarcerated for any offense other than a minor traffic violation.
 - e. If I make any material false statement in my Surety Bail Bond Application(FCS-105) and Agreement (FCS-109) with **Financial Casualty**.
3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by **Financial Casualty** for any reason, and I am captured by **Financial Casualty** and/or its Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted, I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as may be necessary to effect such return.
4. I hereby waive any and all rights I may have under Title 29 Privacy Act – Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize **Financial Casualty** and/or its Agent, to obtain any and all private or public information and/or records concerning me from any party or agency, private or governmental (Local, State, Federal), including but not limited to social security records, criminal records, civil records, driving records, telephone records, medical records, school records, workers compensation records, and employment records. I authorize without reservation, any party or agency, private or governmental (local, State, Federal), contacted by **Financial Casualty**, and/or its Agent, to furnish any and all private and public information and records in their possession concerning me to **Financial Casualty** and/or its Agent.

Signature of Defendant _____ Date _____

SURETY BAIL BOND AGREEMENT (FCS-109)

You are assuming specific obligations – READ CAREFULLY!

This AGREEMENT made between the undersigned _____
(Hereinafter called Indemnitor(s) and FINANCIAL CASUALTY & SURETY, INC. [hereinafter called Company]).

WITNESSETH:

WHEREAS, the Company has executed, or is about to execute in behalf of and/or at the insistence of the Indemnitor(s), the bond or undertaking described in the Surety Bail Bond Application (FCS-105), upon the security and indemnity herein provided, which application (FCS-105) is hereby referred to and made a part of this agreement.

NOW THEREFORE, in consideration of the execution by the Company of such bond or undertaking, the Indemnitor(s) covenant(s) and agree(s) with the Company as follows:

1. The Indemnitor(s) will pay the Company, or its duly authorized agent, premium(s) in the amount of \$ _____.
2. The Indemnitor(s) will at all times indemnify the Company and keep the Company indemnified and save it harmless from and against any and all claims, demands, liabilities, costs, charges, legal fees, disbursements and expenses of every kind and nature, which the Company shall at any time sustain or incur, and as well from all orders, decrees, judgments and adjudications against the Company by reason or in consequence of having executed such bond or undertaking in behalf of and/or at the instance of the Indemnitor(s) (or any of them) and will pay over, reimburse and make good to the Company, its successors and assigns, all sums and amounts of money required to meet every claim, demand, liability, costs, expense, suit, order, decree, payment and/or adjudication against the Company by reason of execution of such bond or undertaking and any other bonds or undertakings executed in behalf of and/or at the instance of the Indemnitor(s) and before the Company shall be required to pay thereunder. The liability for legal fees and disbursements includes all legal fees and disbursements that the Company may pay or incur in any legal proceedings, including proceedings in which the Company may assert or defend its right to collect or to charge for any legal fees and/or disbursements incurred in earlier proceedings.
3. The Indemnitor(s) will immediately notify the Company at its principal office at 3131 Eastside Street Suite 250, Houston, TX 77098 the making of any demand or the giving of any notice, or the commencement of any proceeding or the fixing of any liability which the Company may be required to discharge by reason of the execution of any such bond or undertaking.
4. The vouchers or other evidence of payment by the Company, in discharge of any liability under or incurred in connection with any such bond or undertaking, or incurred in connection with any collateral held by the Company, shall be conclusive evidence against the Indemnitor(s) of the fact and amount of the liability of the Indemnitor(s) to the Company.
5. In the event the Company executes any bond or undertaking with Co-Sureties, or reinsures any portion of any such bond or undertaking, or procures the execution of any such bond or undertaking, the Indemnitor(s) agree(s) that all of the terms and conditions of this instrument shall apply to and operate for the benefit of the Company, the procured sureties and/or co-sureties and/or reinsurers as their respective interests may appear.
6. The Company shall have the right at any time, without notice to the Indemnitor(s), to transfer and assign this agreement and/or the collateral pledged hereunder, to any Reinsurer, Co-Surety or Insurance Company which may take over and assume, in whole or in part, the obligation of the Company under any such bond or undertaking and thereupon the transferee shall become vested with all the powers and rights given to the Company hereunder and the Company shall be relieved and fully discharged from any liability or responsibility for said collateral and under this agreement.
7. The Indemnitor(s) agree(s) that the Company may at any time take such steps as it may deem necessary to obtain its release from any and all liability under any of said bonds or undertakings, and it shall not be necessary for the Company to give the Indemnitor(s) notice of any fact or information coming to the Company's notice or knowledge concerning or affecting its rights or liability under any such bond or undertaking, notice of all such being hereby expressly waived; and that the Company may secure and further indemnify itself against loss, damages, and/or expenses in connection with any such bond or undertaking in any manner it may think proper including surrender of the defendant (either before or after forfeiture and/or payment) if the Company shall deem the same advisable; and all expenses which the Company may sustain or incur or be put to in obtaining such release or in further securing itself against loss, shall be borne and paid by the Indemnitor(s).
8. The Indemnitor(s) hereby authorize(s) any attorney of any court or record to appear for him or them in and before any court, in any action, suit or proceeding, and receive process on behalf of the Indemnitor(s), or waive the issuing and service of process, and enter or confess judgment, or permit judgment to be entered, against the Indemnitor(s) (jointly and/or jointly and severally) in favor of the Company, for the amount of any forfeiture which may be taken against the Company on the said bond or undertaking and for the amount of any and all sums hereinbefore referred to in paragraphs 1, 2 and 7; and to release all error and waive all right to a stay of execution or appeal; and to do and perform all acts and execute all papers in the name of the Indemnitor(s) in order to carry into effect the authority hereinabove given in as full and ample a manner as the Indemnitor(s) might do if personally present, hereby ratifying and confirming all that the said attorney shall do or cause to be done by virtue thereof and the Indemnitor(s) hereby irrevocably waive(s) the benefit or advantage of any and all valuation, stay, appraisal or homestead exemption law or laws of any state of the United States, now in force or hereafter enacted.
9. This instrument shall be binding not only upon the Indemnitor (or Indemnitors, jointly and/or jointly and severally), but as well upon the heirs, executors, administrators, successors and assigns of the Indemnitor(s).
10. The Company reserves the right to decline to issue the bond for which application is hereby made, and no claim shall be made against the Company in consequence of its failure to execute such bond; nor shall any claim be made in case the bond, if executed, be not accepted by or on behalf of the obligee.
11. The Indemnitor(s) hereby warrant(s) that the foregoing declarations made and answers given are the truth without reservation and are made for the purpose of inducing the Company to become surety or to procure suretyship on the bond or undertaking applied for herein, with the intent and purpose that they be fully relied on.
12. The Company shall not be first obliged to proceed against the Principal(s) on any such bond or undertaking before having recourse against the Indemnitor(s) or any of them, the Indemnitor(s) hereby expressly waiving the benefit or any law requiring the Company to make claim upon or proceed or enforce its remedies against the Principal(s) before making demand upon or proceeding and/or enforcing its remedies against any Indemnitor(s).
13. The acceptance of this Agreement and of the Indemnitor(s) agreement to pay premiums on the execution and on continuance of said bond(s) or undertaking(s), and/or the acceptance at any time by the Company of other collateral security or agreement, shall not in any way abridge or limit the right of the Company to be subrogated to any right or remedy, or limit any right or remedy which the Company may otherwise have, acquire, exercise or enforce under this or any other agreement or by law allowed, and the Company shall have every right and remedy which an individual surety acting without compensation would have; all such rights being construed to be commulative and for the sole benefit of the Company, its successors and/or assigns.
14. If any provision or provisions of this instrument be void or unenforceable under the laws of any place governing its construction or enforcement, this instrument shall not be void or vitiated hereby, but shall be construed and enforced with the same effect as though such provision or provisions were omitted.
15. In making application for the hereinabove described Bail Bond we warrant all of the statements made on the reverse of this instrument to be true and we agree to advise the Surety or its agent of any change (especially change of address) within 48 hours after such change has occurred and agree that any failure to so notify shall be cause for the immediate surrender of the defendant without any liability for the return of any part of the premium.

THE PREMIUM PAID ON THIS BOND(S) IS FULLY EARNED UPON THE DEFENDANT'S RELEASE ON THIS BOND(S) FROM CUSTODY.

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed my seal this _____ day of _____, _____.

Defendant Signature _____

DEFENDANT NAME (*PRINT OR TYPE*) _____

ADDRESS _____ CITY _____ ZIP _____

INDEMNITOR: _____

Signature

Print or Type Name

ADDRESS _____ CITY _____ Z1P _____

PHONE _____ D.L.# _____ S.S.# _____ DOB _____

SPOUSE _____ EMPLOYER _____

INDEMNITOR: _____

Signature

Print or Type Name

ADDRESS _____ CITY _____ Z1P _____

PHONE _____ D.L.# _____ S.S.# _____ DOB _____

SPOUSE _____ EMPLOYER _____