

INDEMNITOR APPLICATION & RELEASE OF PRIVACY

NAME _____ RELATION TO DEFENDANT _____
ADDRESS _____
City, State, Zip _____
HOME PHONE _____
WORK PHONE _____
CELL / PAGER _____
EMAIL ADDRESS _____
HOW LONG AT RESIDENCE _____ OWN RENT OTHER _____
EMPLOYER /SCHOOL _____
ADDRESS _____
City, State, Zip _____
SUPERVISOR / ADVISOR _____
TIME EMPLOYED/GRADUATION _____
SS# _____ DL# / State _____
VEHICLE INFO _____ TAG# _____
REFERENCES
1)NAME _____ PHONE # _____
ADDRESS _____
2)NAME _____ PHONE # _____
ADDRESS _____

*THE INFORMATION CONTAINED ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE. ANY FALSE INFORMATION GIVEN IS A BREACH OF THIS CONTRACT WITH ALL FLORIDA BAIL BONDS, INC. AND/OR ACCREDITED SURETY & CASUALTY COMP. INC. **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 MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.** EITHER OF THE TWO COMPANIES IS AUTHORIZED TO DO CREDIT AND BACKROUND CHECKS ON THE INDEMNITOR WHO HAS SIGNED THIS FORM.

*FOR AND IN CONSIDERATION OF THE INDEMNITY AGREEMENT FOR SURETY BOND, COLLATERAL RECEIVED AND CONTINGENT PROMISSORY NOTE, EXECUTED, SIMULTANEOUSLY HEREWITH, 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 OTHER LOCAL, STATE, OR FEDERAL RULES AND REGULATIONS OR LAWS. I GIVE FULL CONSENT TO ALL FLORIDA BAIL BONDS, INC., RICHARD STEIN, AND/OR ALLEGHENY CASUALTY, INTERNATIONAL FIDELITY, ASSOCIATED BOND COMPANIES OR ANY OF ITS AGENTS TO OBTAIN ANY AND ALL PRIVATE AND/OR PUBLIC INFORMATION AND/OR MY MINOR CHILDREN FROM ANY PARTY, AGENCY, ORGANIZATION, OR ANY AFFILIATION, PRIVATE OR PUBLIC, GOVERNMENTAL (LOCAL, STATE, OR FEDERAL), INCLUDING BUT NOT LIMITED TO ANY RECORDS OF THE FOLLOWING: SOCIAL SECURITY, CRIMINAL, CIVIL, DRIVING, TELEPHONE, MEDICAL, SCHOOLS OR ANY LEARNING ESTABLISHMENT, WORKERS COMPENSATION, EMPLOYMENT, ETC. I GIVE FULL AUTHORIZATION, WITHOUT HESITATION OR RESERVATION FOR ANY PARTY, AGENCY, ORGANIZATION, OR ANY AFFILIATION, PRIVATE OR PUBLIC, GOVERNMENTAL (LOCAL, STATE, OR FEDERAL) TO RELEASE AND FURNISH ANY INFORMATION REQUESTED BY ALL FLORIDA BAIL BONDS, INC., RICHARD A. STEIN, AND/OR ALLEGHENY CASUALTY, INTERNATIONAL FIDELITY, ASSOCIATED BOND COMPANIES OR ANY OF ITS AGENTS. ANY PERSON, ENTITY, CORPORATION, ETC. FOLLOWING THESE INSTRUCTIONS WILL BE HELD HARMLESS AND REMAIN CONFIDENTIAL IF NEED BE. THIS FORM WILL BE PLACED INTO EFFECT ONLY IF THERE IS FORFEITURE OR LOSS TO ANY PARTIES NAMED ABOVE TO RECOVER DAMAGES. THIS INFORMATION WILL NOT BE GIVEN TO ANY THIRD PARTIES FOR SOLICITATION.

my signature below acknowledges my full understanding of this document

X _____ INDEMNITOR / RELEASEE

STATE OF _____, COUNTY OF _____
ON THIS DAY BEFORE ME, AN OFFICER DULY AUTHORIZED TO ADMINISTER OATHS AND TAKE ACKNOWLEDGEMENTS
_____, PERSONALLY APPEARED AND EXECUTED THIS FOREGOING INSTRUMENT AND
DOES ACKNOWLEDGE UNDER OATH THEY ARE COMPETENT AND ABLE TO EXECUTE THIS INSTRUMENT. Producing PICTURE ID
DESCRIBED AS _____
WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND STATE LAST AFORESAID THIS _____ DAY OF
_____, 20_____.

NOTARY PUBLIC