



ROCHE SURETY & CASUALTY COMPANY, INC.
 1910 Orient Road • Tampa, Florida 33619
 (813) 623-5042 • Fax (813) 623-5939

CONFIDENTIAL APPLICATION

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 misleading information is guilty of a felony of the third degree.

(All questions must be answered in full)

I, the undersigned, do hereby apply to **ROCHE SURETY AND CASUALTY COMPANY, INC.** to act as my bail in the amount of \$ _____ in the _____ court of _____ wherein I am charged with _____ and _____, and I agree to the following terms and conditions prescribed by the State Insurance Department.

TERMS AND CONDITIONS

The following terms and conditions are an integral part of this application for appearance bond No. _____ dated _____ for which **ROCHE SURETY & CASUALTY COMPANY, INC.** or its Agent shall receive a premium in the amount of _____ (\$ _____) Dollars, and the parties agree that said appearance bond is conditioned upon full compliance of all said terms and conditions and is a part of said bond and application therefore.

- ROCHE SURETY & CASUALTY COMPANY, INC.**, as bail, shall have control and jurisdiction over the Defendant during the term for which the bond is executed and shall have the right to apprehend, arrest and surrender the Defendant to the proper officials at any time as provided by law.
- In 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, then Defendant shall be entitled to a refund of the bond premium.
- It is understood and agreed that the happening of any one of the following events shall constitute a breach of Defendant's obligations to **ROCHE SURETY & CASUALTY COMPANY, INC.** hereunder, and **ROCHE SURETY & CASUALTY COMPANY, INC.** shall have the right to forthwith apprehend, arrest, and surrender Defendant, and Defendant shall have not right to any refund of premium whatsoever. Said events which shall constitute a breach of Defendant's obligation hereunder are:
 - If Defendant shall depart the jurisdiction of the court without the written consent of the court and **ROCHE SURETY & CASUALTY COMPANY, INC.**, or its Agent.
 - If Defendant shall move from one address to another without notifying **ROCHE SURETY & CASUALTY COMPANY, INC.**, or its Agent in writing prior to said move.
 - If Defendant shall commit any act which shall constitute reasonable evidence of Defendant's intention to cause a forfeiture of said bond.
 - If Defendant is arrested and incarcerated for any offense other than a minor traffic violation.
 - If Defendant shall make any material false statement in the application.

1. NAME AND ADDRESS

Full Name _____		Home Phone _____	
Nickname or Alias _____		Neighbor Phone _____	
Current Address _____			
Street _____	City _____	State _____	Zip _____
Mailing Address _____			
Street _____	City _____	State _____	Zip _____

2. PERSONAL DESCRIPTION / MARKS

Weight _____	Height _____	Race _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Color of Eyes _____	Color of Hair _____	Date of Birth _____	Nationality _____
Citizenship Status _____	Place of Birth _____	Scars, Marks _____	

3. MARITAL STATUS / CHILDREN

<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Cohab			
Spouse's Name _____		Spouse's Occupation _____	
Spouse's Employer _____		Phone _____	
Spouse's Address _____			
Street _____	City _____	State _____	Zip _____
Spouse's: Date of Birth _____	Drivers License # _____	Social Security # _____	
Child's Name _____	Age _____	School Attended _____	
Child's Name _____	Age _____	School Attended _____	
Child's Name _____	Age _____	Occupation _____	
Child's Address _____			
Street _____	City _____	State _____	Zip _____

4. EMPLOYMENT

Your Occupation _____	Name of Company _____	Bus. Phone _____
Name of Supervisor _____	Address _____	How long have you worked for this Co.? _____
Former Employer(s) _____		

5. SS# / DL# / CAR / CREDIT REFERENCES

Social Security # _____	Drivers License # _____	State _____
Describe Car: Year _____	Make _____	Model _____
Describe Car: Year _____	Make _____	Model _____
Where Financed? _____	Amount owed: \$ _____	Tag No. _____
Bank References _____	Credit Card Name & Acct. # _____	Tag No. _____
Credit Card Name & Acct. # _____	Credit Card Name & Acct. # _____	

For good and valuable consideration, the undersigned principal hereby agrees to indemnify and/or hold harmless, **ROCHE SURETY & CASUALTY COMPANY, INC.** or its Agent for any and all losses not otherwise prohibited by law, or rules and regulations promulgated under any applicable statute.

In 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 **ROCHE SURETY & CASUALTY COMPANY, INC.** 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 incurred as a result of Defendant's 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 **ROCHE SURETY & CASUALTY COMPANY, INC.** and its assigns and/or duly authorized representatives.

Signed, sealed and delivered this _____ day of _____, _____.
 Signature of Applicant _____ Mailing Address _____

