

LEXINGTON NATIONAL INSURANCE CORPORATION

Indemnitor (Co-signor) Confidential Application for Bail Bond

Co-Signor Information

ALL INFORMATION LISTED IS MANDATORY AND MUST BE COMPLETED EACH TIME A DEFENDANT IS RELEASED ON BAIL WITH GREG PADILLA BAIL BONDS.

Name _____ Relationship to Def. _____

Home Phone (_____) _____ Cell/Pager(_____) _____ Work (_____) _____

D.O.B _____ S.S.# _____ Driver License or /I.D# _____ State Issued _____

Address _____ City _____ Zip _____ How Long _____

Mailing Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ When _____

Employer _____ Address _____ City _____

Occupation _____ Superior _____ How Long _____ Monthly Income \$ _____

Prev. Employer _____ City _____ When _____

Spouse's Name _____ Maiden Name _____ Married Yes/No _____

D.O.B _____ S.S.# _____ Driver License or /I.D# _____ State Issued _____

Address (if different than above) _____ City _____ State _____

Spouse's Employer _____ Address _____ City _____

Work (_____) _____ Occupation _____ How long _____

(Auto) Year _____ Make _____ Model _____ License# _____ Color _____

(Auto) Year _____ Make _____ Model _____ License# _____ Color _____

Where Financed _____ Insurance Co. _____

Bank Name _____ Branch Location _____ Account # _____

Real Property: Address _____ City _____ Year Purchased _____

Key for Below References: Sister=Sis | Brother=Bro | Grandma=Gndm | Grandpa=Gndp | Aunt=Aunt | Uncle=Unc | Cousin=Csn | Friend=Frnd
(_____) _____ Add _____ Phone _____

Ref. (_____) _____ Add _____ Phone _____

Ref. (_____) _____ Add _____ Phone _____

Ref. (_____) _____ Add _____ Phone _____

I, certify that the above information is true and correct and I also authorize GREG PADILLA BAIL BONDS to run credit reports.

Signature of Indemnitor

Date

Print Indemnitor Name

The above signed hereby warrant(s) that the following declarations made and answers given are the truth without reservation and are made for the purpose of inducing LEXINGTON NATIONAL INSURANCE CORPORATION, a Maryland Corporation, hereinafter called (SURETY), to become surety or procure suretyship on,

Bail Bond Power of Attorney Number(s), _____

posted on the behalf of _____ in the amount of \$ _____, in the

Superior Court of the State of California in and for the County of _____

The undersigned further agree(s) to indemnify and hold harmless LEXINGTON NATIONAL INSURANCE CORPORATION and / or its Agent for any and all losses incurred as a result of a forfeiture of the above referenced bond not otherwise prohibited by law. The undersigned consent(s) to and authorizes the Surety and or its Agent to obtain any and all private or public information and/or records concerning the undersigned from any party or agency, private or governmental (local, state, or federal, including, but not limited to, credit reports, Social Security records, criminal records, civil records, driving records, telephone records, medical records, school records, worker compensation records, and employment records. The undersigned authorizes, without reservation, any party or agency, private or governmental (local, state, or federal) contacted by the SURETY and/or its Agent, to furnish any and all private or public information and records in their possession concerning the undersigned to the SURETY and/or its Agent, and directs that a copy of this document shall serve as evidence of said authorization.