

**CONTINENTAL HERITAGE INSURANCE COMPANY**

P.O. BOX 1747

BUSHNELL, FL 33513-0090

(352) 793-7775 • (352) 793-9572 Fax

**BAIL BOND APPLICATION & CONTRACT**

(All Questions Must Be Answered In Full)

I, the undersigned, do hereby apply to the **CONTINENTAL HERITAGE INSURANCE COMPANY** to act as my bail as follows:

AGENT	AGENT LICENSE #	DATE OF APPLICATION
Offense _____	Case # _____	Power # _____
Offense _____	Case # _____	Power # _____
Offense _____	Case # _____	Power # _____
Offense _____	Case # _____	Power # _____
		Total Bond Amount _____
Court _____	Appearance Date _____	Time _____

**TERMS AND CONDITIONS**

The following terms and conditions are an integral part of this application for appearance BOND # as listed above for which CONTINENTAL HERITAGE INSURANCE COMPANY (hereinafter called the SURETY), 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 by the principal of all said terms and conditions and is a part of said bond and application therefore.

- The SURETY, as bail, shall have control and jurisdiction over the principal during the term for which the bond is executed and shall have the right to apprehend, arrest and surrender the principal to the proper officials at any time as provided by law.
- In the event surrender of principal is made prior to the time set for principal's appearances, and for reason other than as enumerated below in paragraph 3, then principal 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 principal's obligations to the SURETY hereunder, and the SURETY shall have the right to forthwith apprehend, arrest and surrender principal, and principal shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of principal's obligations hereunder are:
  - If principal shall depart the jurisdiction of the court without the written consent of the court and the SURETY or its Agent.
  - If principal shall move from one address to another within the State of \_\_\_\_\_ without notifying the SURETY or its agent in writing prior to said move.
  - If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond.
  - If principal is arrested and incarcerated for any other offense other than a minor traffic violation.
  - If principal shall make any material false statement in the application.

Defendant's Full Name (First/Middle/Last) \_\_\_\_\_ Phone \_\_\_\_\_  
 Alias/Nickname/Street Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Race \_\_\_\_\_  
 Scars/Tattoos/Marks, etc. \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Apt. Name \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip Code \_\_\_\_\_ ( ) Own ( ) Rent Landlord \_\_\_\_\_  
 Previous Address \_\_\_\_\_

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

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

Age	Child's Name/Address	School/Employer	Phone

Auto Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Tag # \_\_\_\_\_ State \_\_\_\_\_  
 Amount Owed \_\_\_\_\_ Lien Holder \_\_\_\_\_  
 Insurance Agent/Company \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

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		
Brother		
Brother		
Sister		
Sister		
Sister		
M-Law		
F-Law		
Fr. Parents		
Best Friend		
Ex-Spouse		

**THE PREMIUM PAID ON THIS BOND IS NOT RETURNABLE**

SIGNATURE OF DEFENDANT \_\_\_\_\_

DATE \_\_\_\_\_

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.