

SURETY:

**Sun Surety
Insurance Company**

21 Main Street, Rapid City, SD 57701

Tel: (605) 348-1000 • e-mail: SSIC@sunsuretybail.com

*You may deliver any bond release documentation to the Sun Surety Insurance Co.

(PREPRINTED OR STAMPED NAME OF THE INSURANCE PRODUCER WHO POSTED THE BOND WITH THE COURT)
(Stamp must include name, address, phone no., e-mail and license no.)

NEW YORK BAIL BOND APPLICATION - INDEMNITOR

You, the undersigned Indemnitor ("Indemnitor" or "you"), hereby represent and warrant that the following declarations made and answers given are true, complete and correct and are made for the purpose of inducing _____ ("Surety") to issue or cause to be issued, bail bond(s) or undertaking(s) (singularly or collectively the "Bond") for _____ ("Defendant") using power of attorney number(s) (if known) _____, in the total amount of _____ Dollars (\$ _____) in the _____ Court of _____ ("County").

1. INDEMNITOR NAME AND ADDRESS

RELATIONSHIP TO DEFENDANT _____

Name _____ Nickname/Alias _____
Indemnitor's full name (First, Middle, Last)

Tel: (h) _____ (c) _____ (w) _____ Email _____

Current Home Address _____ How Long? _____

Rent Own Landlord/Mortgage Holder _____

Former Home Address _____ How Long? _____

Rent Own Landlord/Mortgage Holder _____

2. PERSONAL DESCRIPTION

Date of Birth _____ Where Born _____ Sex _____ Race _____
(City and State)

Social Security # _____ Driver's License # _____ Issuing State _____

How Long in U.S.? _____ U.S. Citizen? Yes No Nationality _____ Alien # _____

Additional Notes: _____

3. EMPLOYMENT

Current Employer _____

Employer Address _____

How Long? _____ Position _____

Supervisor's Name _____ Phone # _____

Union? _____ Local # _____

Military Service: Branch _____ Active? _____ Discharge Date _____

4. AUTOMOBILE

Year _____ Make _____ Model _____ Color _____ Plate # _____ State _____

Where Financed? _____ Amount Owed? \$ _____

5. MARITAL STATUS

Married Divorced Separated Widowed Single Cohab

Spouse/girl/boyfriend's Name _____

First Middle Last

Social Security # _____ How Long Married/Together? _____

Address (if different) _____

Tel: (h) _____ (c) _____ (w) _____ Email _____

Employer _____ How Long? _____

Occupation _____ Employer Phone # _____

6. REFERENCES

Name _____ Relation _____

Address _____

Employer _____

Tel.: home _____ work _____ cell _____

Name _____ Relation _____

Address _____

Employer _____

Tel.: home _____ work _____ cell _____

Name _____ Relation _____

Address _____

Employer _____

Tel.: home _____ work _____ cell _____

7. FINANCIAL STATEMENT / CREDIT INFORMATION

Cash on hand \$ _____ Cash in bank \$ _____

Real Estate Value \$ _____ Real Estate Mortgage \$ _____

In whose name is title? _____ Monthly salary or wages \$ _____

8. MISCELLANEOUS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

SIGNED, SEALED AND DELIVERED at _____, this _____ day of _____, 20 _____.

Indemnitor Name: _____ Indemnitor Signature: _____

Indemnitor Name: _____ Indemnitor Signature: _____