

# PARADISE BAILBONDS

100410 OVERSEAS HWY STE 302  
KEY LARGO, FL 33032

Indemnitor Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ DL#: \_\_\_\_\_

Employer name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Family References:

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Years know: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Years know: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Years know: \_\_\_\_\_

Defendant Name: \_\_\_\_\_ Significant Other: \_\_\_\_\_

Email: \_\_\_\_\_ SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ DL #: \_\_\_\_\_

Employer name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Personal References: (not related)

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Years know: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Years know: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Years know: \_\_\_\_\_

Full Bond Amount: \$ \_\_\_\_\_ Case number#: \_\_\_\_\_

The undersigned, as the Indemnitor, and the Defendant, accepts and agrees to all the bond terms and financial obligations. The above Indemnitor, and Defendant agrees to indemnify and hold harmless the surety or its agents for all the losses in connection with this bond(s) not otherwise prohibited by law. 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 information requested is regarding the Indemnitor and defendant only. Information provided is for underwriting purposes and is kept confidential. Premium on this bond is not returnable except as provided by the rules and regulations.

Indemnitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_