

THE NORTH RIVER INSURANCE COMPANY

11490 Westheimer Rd., Suite 300 77077
P.O. Box 2807 Houston, Texas 77252-2807
(713) 954-8100 - (713) 954-8389 FAX

AGENT _____ DATE OF APPLICATION _____

Indemnitor's Full Name: (First) _____ (Middle) _____ (Last) _____

Defendant _____ Relation _____

Offense _____ POA# _____ Bail Amount\$ _____

SSN _____ - _____ - _____ DOB ____/____/____ Home Phone# _____

Driver's License/ID Card/Passport _____ State/Country Issued _____ Expiration _____

Address _____ () Own

City _____ State _____ Zip Code _____ () Rent Landlord _____

Present Occupation(s) _____ Previous Occupation _____

Employer _____ Shift _____ How Long _____

Address _____ Job Title _____

City _____ State _____ Zip Code _____ Phone _____

Union _____ Local # _____

Previous Employer _____ How Long _____

Address _____ Job Title _____

City _____ State _____ Zip Code _____ Phone _____

Spouse's Name (First) _____ (Middle) _____ (Last) _____

Maiden Name _____ SSN _____ - _____ - _____ DOB ____/____/____

Employer _____ Shift _____ How Long _____

Address _____ Job Title _____

City _____ State _____ Zip Code _____ Phone _____

<u>Children's Name</u>	<u>Age</u>	<u>Address, City, State, Zip</u>	<u>School/Employer</u>	<u>Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Auto Year _____ Make _____ Model _____ Color _____

Tags/Plates _____ State _____ Amount Owed \$ _____ Lien Holder _____

Insurance Agency/Company _____

References

Name (First) _____ (Last) _____ Relation _____

Address _____ Years Known _____

City _____ State _____ Zip Code _____ Phone _____

Name (First) _____ (Last) _____ Relation _____

Address _____ Years Known _____

City _____ State _____ Zip Code _____ Phone _____

Name (First) _____ (Last) _____ Relation _____

Address _____ Years Known _____

City _____ State _____ Zip Code _____ Phone _____

I have read and had explained to me and understand the following terms and conditions of The North River Insurance Company executing the above listed Surety Bal Bonds on my behalf:

- 1. A forfeiture of the bail will be entered by the court if the defendant fails to make any court appearance. I understand that, if the bond is ordered forfeited and it is not ordered reinstated, or exonerated within the time allowed by law, I must pay the full amount of the bail forfeited plus expenses to the bail agent/agency.
- 2. I understand I am responsible if it becomes necessary to arrest and surrender the defendant and that I am responsible for paying all reasonable cost incurred for locating, apprehending, transporting and surrendering the defendant to custody. Investigation cost will begin accrue after a court forfeiture or when any co-bond agreement.
- 3. I understand that, if the bail is ordered forfeited by the court, I am responsible to pay court costs and reasonable appearance or attorney's fees (a maximum of \$ _____) for the bail agent to reinstate or exonerate the bail bond, if necessary.
- 4. I understand that, if I breach the bail bond agreement by non-payment or any other action as defined by the bail agreement, I am responsible for any collection actions taken, including attorney's fees and costs.
- 5. I understand that my collateral cannot be released until all bonds posted on my behalf for defendant have been exonerated and written notice from the court received by the bail agency.
- 6. I understand that substitution of collateral is done at the discretion of the surety and the bail bonding agency. There are no agreements to substitute collateral at a future date.
- 7. I understand that it is my responsibility to request return of any collateral provided. There may be a delay of return of collateral until the bail agency has researched the exonerated date and verified the bail bond status with the appropriate courts. This process may be done faster if I obtain written verification of the bond exonerated from the court and provide it to the bail agency.
- 8. I declare that all statements made on the application and financial statement are true. I agree to notify the bail agency within 48 hours of any changes, including, but not limited to, any change of address, or employment of either myself or the criminal defendant.
- 9. I understand the obligations under this agreement are joint and several. This means that I may be held solely and individually liable for up to the full amount owed for any and all charges, even if there are other Cosigners on the agreement.
- 10. Agreement of Venue: I agree that if legal action between the parties concerning this bail bond is brought, it shall be brought in and before a federal or state court in _____ and in the State of Nevada.

Indemnitor's Signature _____

Date _____

State of _____ County of _____

On this _____ day of _____, 20 _____

Before me personally appeared _____

known to be the person described in and who executed the forgoing instrument and he/she there upon acknowledged to me that he/she/they executed the same