

BAIL BOND APPLICATION & CONTRACT
State of Colorado

Defendant's Full Name (First, Middle, Last) _____
Alias/Nickname/Street Name _____
Amount of Bail _____ Power # _____
Premium Charged _____ Premium Received _____ Balance _____
Court Name _____ Court Case No. _____
Amount of Collateral _____ Type of Collateral _____
Description of Collateral _____

Cedric Williams
VIP Bail Bonds
1720 S. Bellaire St. #610
Denver, CO 80222
303-778-0026
License #: **144674**

Stamped Name, Agency Name, Address, Phone Number
and License Number of The Bail Bonding Agent

Date of Birth _____ Place of Birth _____ Social Security No. _____ Height _____ Weight _____
Eye Color _____ Hair Color _____ Race _____ Drivers License No. _____
Home Phone _____ Cell Phone _____ Alt. Phone _____
Address _____ Apt. # _____ () Own () Rent Landlord _____
City _____ State/Zip Code _____ Email Address _____

Children (Y) (N) If Yes ages: _____ Names: _____
Present Occupation(s) _____ Previous Occupation(s) _____
Employer _____ Shift _____ How Long _____
Address _____ Job Title _____ Phone _____
Reference _____ Relation _____ Phone _____

Spouse/Partner in Civil Union Full Name _____ Date of Birth _____ Social Security No. _____
Maiden Name _____ Occupation(s) _____
Employer _____ Phone _____
Address _____ Job Title _____

Indemnitor
Name _____ Employer _____ Position _____
Address _____ City _____ Zip _____ Email Address _____
Own/Rent _____ How Long _____ Driver's Lic. _____ S.S. No. _____ D.O.B. _____
Home Phone _____ Cell Phone _____ Work Phone _____
Spouse _____ Employer _____
Reference (Personal or Credit) _____ Email Address _____
1. _____ Phone _____ Relation _____
2. _____ Phone _____ Relation _____
3. _____ Phone _____ Relation _____

I have read and had explained to me and understand the following terms and conditions of **UNITED STATES FIRE INSURANCE COMPANY** (hereinafter called **COMPANY**) executing the above listed Surety Bail Bond on my behalf:

1. **COMPANY** shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the Court and **COMPANY** as provided by law.
2. It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to **COMPANY** and that **COMPANY** and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s):
 - a. If I depart the jurisdiction of the court without written consent of the court and **COMPANY** or its Agent.
 - b. If I shall move from one address to another or change my phone number without notifying **COMPANY** and/or its Agent.
 - c. If I commit any act which shall constitute reasonable evidence of my intention to cause a forfeiture of my bail bond(s).
 - d. If I am arrested and incarcerated for any offense other than a minor traffic violation.
 - e. If I make any material false statement in my Bail Bond Application and Contract with **COMPANY**.
3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by **COMPANY** for any reason, and I am captured by **COMPANY** and/or its Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted, I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as may be necessary to effect such return.
4. I hereby waive any and all rights I may have under Title 29 Privacy Act - Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize **COMPANY**, and/or its Agent, to obtain any and all private or public information and/or records concerning me from any party or agency, private or governmental (local, State, Federal), including, but not limited to, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, school records, workers compensation records, and employment records. I authorize, without reservation, any party or agency, private or governmental (local, State, Federal), contacted by **COMPANY**, and/or its Agent, to furnish any and all private and public information and records in their possession concerning me to **COMPANY**, and/or its Agent.

Signature of Defendant _____ Date _____ Signature of Producer _____ Date _____

THIS AGREEMENT is made between _____
Hereinafter called Indemnitors(s) and the **COMPANY**. The Agreement terms and conditions are found on the reverse side of this document (page 2) of the Bail Application & Contract. By signing below, I acknowledge that I have received copies of each signed and dated application, contract and disclosure. I further agree to the described terms and conditions of these documents.

IN TESTIMONY WHEREOF, we have hereunto set our hand affixed our seals this _____ day of _____, 20_____

Signature of Indemnitor Defendant _____ Producer _____

Pursuant to C.R.S. §10-1-128. Fraudulent insurance acts - immunity for furnishing information relating to suspected insurance fraud - legislative declaration. (6)(a) It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.