

# COLORADO BAIL BOND APPLICATION

**ALL QUESTIONS MUST BE ANSWERED IN FULL. FALSE INFORMATION MAY TERMINATE THIS BOND!**

**Name of Licensed Insurance Producer Posting Bail Bond:**

**Lexington National Insurance Corporation**  
**P.O. Box 6098**  
**Lutherville, Maryland 21094-6098**  
**888-888-2245**

(Insurance Producer name, license #, physical address and phone # must be printed or stamped above)

**DEFENDANT INFORMATION**

Defendant's Name: \_\_\_\_\_ Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Employer: \_\_\_\_\_

DOB: \_\_\_\_\_ Complexion: \_\_\_\_\_ I.D. Scars-Marks-Tattoos: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

	Case Number	Charge	Bond Amount	Court - Date - Time
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

**INDEMNITOR INFORMATION**

Name: \_\_\_\_\_ Relation to Defendant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Where you live, check one: Renting: \_\_\_ Buying: \_\_\_ How long? \_\_\_\_\_ Landlord or Mortgage Company: \_\_\_\_\_

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

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

Full Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Circle one: Married, single, widow(er), divorced, separated or common law. Mate's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

In case of emergency: Notify whom? \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_ How Long? \_\_\_\_\_ Salary/Wages: \_\_\_\_\_

Previous employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mate's employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title/Duties: \_\_\_\_\_ How Long? \_\_\_\_\_ Salary/Wages: \_\_\_\_\_

Where do you bank? \_\_\_\_\_ Address: \_\_\_\_\_ Aprox Balance: \_\_\_\_\_

Check here if you have a Visa card: \_\_\_\_\_ Visa Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Check here if you have a MasterCard: \_\_\_\_\_ MasterCard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Check here if you have Amex card: \_\_\_\_\_ Amex Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Reference: \_\_\_\_\_

Make of car: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Lic. Plate # \_\_\_\_\_ State: \_\_\_\_\_

Make of car: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_ Lic. Plate # \_\_\_\_\_ State: \_\_\_\_\_

Are you on parole or probation? \_\_\_\_\_ Officer's name: \_\_\_\_\_ Where? \_\_\_\_\_ Phone: \_\_\_\_\_

Are you on any other bond? \_\_\_\_\_ With whom? \_\_\_\_\_ Charges: \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever co-signed for anyone? \_\_\_\_\_ Name: \_\_\_\_\_ Bonding Company: \_\_\_\_\_

Have you ever filed for bankruptcy? \_\_\_\_\_ When? \_\_\_\_\_ Where: \_\_\_\_\_ Reason: \_\_\_\_\_

Relatives	Phone	Occupation	Street Address, City, State, Zip
Father: _____	_____	_____	_____
Mother: _____	_____	_____	_____
Brother: _____	_____	_____	_____
Sister: _____	_____	_____	_____
Other: _____	_____	_____	_____

**"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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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." § 10-1-128(6)(a) C.R.S.**

*The following certification must be completed if a signatory cannot read or speak English.*

**Translation Certification.** The undersigned translator makes this affidavit and hereby certifies, under penalty of perjury, that he/she read verbatim and translated this entire document, including all related documents, bail contracts, indemnity agreements, disclosures, promissory notes, security instruments and trust deeds, to the Indemnitor (s) signing below in his/her primary language.

TRANSLATOR: (signature) \_\_\_\_\_ (print name) \_\_\_\_\_ Date: \_\_\_\_\_

Translator's address: \_\_\_\_\_  
**Confirmo por mi colocación de mis iniciales que este acuerdo de plan de pago ha sido traducido completamente a mi satisfacción.**  
 (I confirm by my affixing my initials that this contract has been translated to my satisfaction) Initials/ iniciales : \_\_\_\_\_

**The undersigned hereby certify the truth of all statements in the application, authorize the Surety to verify this information and to obtain additional information from any source.**

Defendant/Indemnitor (signature) \_\_\_\_\_ Date \_\_\_\_\_ Solicitud de traducción. [check  box if translation is required]  
 Si no puede leer ni entender inglés, favor de marcar este cuadro.