

INDEMNITOR APPLICATION



Dennis Blackwell Bail Bonds
2960 E. Las Vegas
Colorado Springs, CO 80906
(719) 390-3930

**ALL QUESTIONS MUST BE ANSWERED IN FULL.
 PROVIDING FALSE OR MISLEADING INFORMATION CAN RESULT IN THE TERMINATION OF BOND!**

Defendant's Name: _____ Relationship to Defendant: _____
 Case Number (s): _____ Court: _____

How Did You Hear About Us

Phone Book Internet Bathroom Advertisement Attorney Referral Friend Referral Other _____

Indemnitors Name: _____ AKA: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Where you live, check one: Renting Buying How long? _____ Landlord / Mortgage Company: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ DOB: _____ SSN: _____ DL# _____

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title/Duties: _____ How long? _____

Bank Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Indemnitor for any other bonds: _____ Defendant Name: _____ Bonding Company: _____

Year: _____ Make of Car: _____ Model: _____ Lic Plate #: _____ State: _____

Relationship Status: Single Girlfriend / Boyfriend Married Common Law Widow (er) Divorced Separated

Significant other name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Significant other employer: _____ Phone: _____

Job Title/Duties: _____ How long? _____

Emergency Contact Name: _____ Phone: _____

Mother: _____ Address: _____ Phone: _____

Father: _____ Address: _____ Phone: _____

Sister: _____ Address: _____ Phone: _____

Brother: _____ Address: _____ Phone: _____

Grandparent: _____ Address: _____ Phone: _____

Aunt: _____ Address: _____ Phone: _____

Uncle: _____ Address: _____ Phone: _____

Best Friend: _____ Address: _____ Phone: _____

Best Friend: _____ Address: _____ Phone: _____

Translation Request - solicitud de traducción. [check box if translation is required] Complete the following if box is checked. Si no puede leer ni entender inglés, favor de marcar este cuadro. (If you cannot read or understand English, please check this box.) 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 the reverse side, and all related bond application documents including 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 las dos caras de este acuerdo han sido traducidos completamente a mi satisfacción. INDEMNITOR's Initials: (I confirm by my affixing my initials that this Contract has been translated to my satisfaction)

"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 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 Colorado Department of Regularoty Agencies." § 10-1-128(6)(a) C.R.S.

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

Indemnitor Name (print)	Signature	Date
	X	