

Safety National Casualty Corporation

2043 Woodland Parkway St. Louis, Missouri 63146

APPLICATION AND AGREEMENT FOR SURETY BAIL BOND

D.O.B. _____ Sex _____ Exec. Date _____
Race _____ Moustache _____ Arr. Date _____
Height _____ Weight _____ Bond No. _____ Amt. \$ _____ Booking # _____
Hair _____ Eyes _____ Bond No. _____ Amt. \$ _____ Where Held _____
I.D. Marks _____ Glasses _____ Where Born _____ Arr. By _____
S.S. # _____ D.L. # _____ C.I.I. # _____ F.B.I. # _____

Booking Name _____ A.K.A. _____

Charges _____ Case # _____ Date to Appear _____ Time _____

Court _____ Jud. Dist. _____ Div. Or Dept. _____ County _____

St. Add _____ City _____ Phone _____ How long _____

Former Add. _____ City _____ State _____ How long _____

Years in City _____ County _____ State _____ Last County _____ Last State _____

Employed By _____ Occupation _____ Work Phone _____ How long _____

Employer's Add. _____ Superior _____ Mo. Income _____ Shift _____

Previous Employer _____ Address _____ City _____ When _____

Previous Arrest Charge _____ Court _____ County _____ When _____

Disposition _____ Previous Bail _____ With Who _____ Amount \$ _____ Case Pending? _____

On Probation? _____ Where _____ Probation Officer _____

Vehicle - Make _____ Model _____ Year _____ Color _____ License # _____

Union _____ Local # _____ Co-Defendants _____

Credit Ref. & Accts. # ' _____

Bank _____ Branch _____ Account # _____ Type _____ Balance _____

Spouse _____ Add. _____ Phone _____ How long _____

Employed By _____ Add. _____ City _____ Work Phone _____

Occupation _____ Superior _____ Mo. Income _____ How long _____

Married? - When _____ Where _____ Spouse's Maiden Name _____ DOB _____

Spouse's Vehicle - Make _____ Model _____ Year _____ Color _____ License # _____

Previous Spouse _____ Add. _____ City _____ Phone _____

Children - Name & Age _____ School _____

Mother _____ Add. _____ City _____ Phone _____

Father _____ Add. _____ City _____ Phone _____

Spouse's Mother _____ Add. _____ City _____ Phone _____

Spouse's Father _____ Add. _____ City _____ Phone _____

Def. Brother _____ Add. _____ City _____ Phone _____

Dif. Sister _____ Add. _____ City _____ Phone _____

Personal Reference _____ Add. _____ City _____ Phone _____

Personal Reference _____ Add. _____ City _____ Phone _____

Attorney Name _____ Add. _____ City _____ Phone _____

I hereby waive any and all rights I may have under Title 28 Privacy Act - Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize Safety National Casualty 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 government (local, State, Federal) including, but not limited to, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, medical records, school records, workers' compensation records, employment records. I authorize without reservation, any party or agency, private or government (local, State, Federal), concerning me to Safety National Casualty Company, and/or its Agent to furnish any and all private and public information and records in their possession concerning me to Safety National Casualty Company, and/or its agent.

Defendant Signature

Date