



## **CLASSIC BAIL BONDS**

2121 W. Imperial Hwy. Suite E114 La Habra, CA 90631  
(562) 947-1112 (877) 610-2245 Fax (562) 309-8016

Lic# 1843662

Lexington National Insurance Corp.

200 E. Lexington St. #501  
Baltimore, MD 21202

Hello:

Please complete the following forms:

**APPLICATION for INDEMNITOR** (person guaranteeing bail)  
**INFORMATION ABOUT ARRESTEE**  
**CHECKLIST for INDEMNITOR(S)** (person/people guaranteeing bail)  
**PLAIN TALK CONTRACT**  
**INDEMNITY AGREEMENT for SURETY BAIL BOND**

If you are using a credit card, please also complete this form:

**CREDIT CARD CHARGE AGREEMENT**

You may fax the completed forms to (562) 309-8016, or scan them and email to [Leibert@ClassicBail.com](mailto:Leibert@ClassicBail.com).

If you have any questions, please call (562) 947-1112 (or toll free at 877-610-2245).

Thank you,  
Craig and Debbie Leibert

[Leibert@ClassicBail.com](mailto:Leibert@ClassicBail.com)

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Fax (562) 309-8016

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**INFORMATION ABOUT ARRESTEE**

Arrestee's Name \_\_\_\_\_ Best Phone Number to Contact \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cellular \_\_\_\_\_ Fax \_\_\_\_\_ Work \_\_\_\_\_

Arrestee's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Own/Rent/Lease? \_\_\_\_\_ If Rent/Lease, Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Citizen of What Country? \_\_\_\_\_ List Other States Lived In \_\_\_\_\_

If less than 5 years, Previous Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # and State \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Description of any scars, tattoos, facial hair, etc. \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

How Long with Employer? \_\_\_\_\_ Union \_\_\_\_\_ Local# \_\_\_\_\_

How Many Children \_\_\_\_\_ Names and Ages \_\_\_\_\_

Autos (year/make/model/color/license) \_\_\_\_\_

Information About Spouse/Significant Other of Arrestee:

Marital Status \_\_\_\_\_ Name of Spouse/Significant Other \_\_\_\_\_ How Long? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # and State \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

How Long with Employer? \_\_\_\_\_ Union \_\_\_\_\_ Local# \_\_\_\_\_

Other Information (names, addresses, phone numbers):

Father \_\_\_\_\_

Mother \_\_\_\_\_

Friend \_\_\_\_\_

Friend \_\_\_\_\_

Reference \_\_\_\_\_

Nearest Relative \_\_\_\_\_

Attorney \_\_\_\_\_

Co-Arrestee \_\_\_\_\_

I certify that the above information is true, correct, and complete.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_





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**APPLICATION for INDEMNITOR (person guaranteeing bail)**

Arrestee's Name \_\_\_\_\_ Relationship to Indemnitor \_\_\_\_\_

Indemnitor's Name \_\_\_\_\_ Best Phone Number to Contact \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cellular \_\_\_\_\_ Fax \_\_\_\_\_ Work \_\_\_\_\_

Indemnitor's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Own/Rent/Lease? \_\_\_\_\_ If Rent/Lease, Landlord \_\_\_\_\_ Phone \_\_\_\_\_

If less than 5 years, Previous Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # and State \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

How Long with Employer? \_\_\_\_\_ Union \_\_\_\_\_ Local# \_\_\_\_\_

Information About Spouse/Significant Other of Indemnitor:

Marital Status \_\_\_\_\_ Name of Spouse/Significant Other \_\_\_\_\_ How Long? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's License # and State \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Monthly Income \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

How Long with Employer? \_\_\_\_\_ Union \_\_\_\_\_ Local# \_\_\_\_\_

Other Information:

Reference \_\_\_\_\_ Phone \_\_\_\_\_

Reference \_\_\_\_\_ Phone \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Phone \_\_\_\_\_

If Real Property is Required as Security:

Property Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Approximate Property Value \_\_\_\_\_ Year Purchased \_\_\_\_\_ House/Land/Commercial? \_\_\_\_\_

Amounts of All Loans: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_

Names of All Persons on Title \_\_\_\_\_

I certify that the above information is true, correct, and complete. I understand that this is an application for a type of credit, and authorize review of my credit history via a credit reporting agency. I authorize the review and confirmation of all information I provide in connection with this application. If I provide credit card information, I authorize charges to be made to the card(s) in relation to this application for bail. I authorize any party or agency to furnish to Lexington National Insurance Corporation, Classic Bail Bonds, or their agents, any and all private or public information and records in their possession concerning me, and direct that a copy of this document shall serve as evidence of said authorization. I agree to indemnify and hold harmless Lexington National Insurance Corporation, Classic Bail Bonds, and their agents, for any and all losses incurred as a result of a forfeiture of any amount of bail.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



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**INDEMNITY AGREEMENT for SURETY BAIL BOND**

The undersigned, called "First Party," make application to Classic Bail Bonds, called "Second Party," for the execution by Lexington National Insurance Corporation, a Maryland corporation, hereinafter referred to as "Surety," and/or its designee, of a Bail undertaking herein referred to as "Bail Bond" in the penal amount of

\$ \_\_\_\_\_ for \_\_\_\_\_ (name of defendant/arrestee) called "Principal," and in consideration of Second Party arranging for execution or continuance of this Bail Bond, First Party does jointly and severally agree as follows:

- FIRST: To pay Second Party \$ \_\_\_\_\_ as premium for this Bail Bond. The premium is fully earned upon the release of Principal(defendant/arrestee). The fact that Principal may have been improperly arrested, or his/her bail reduced, or his/her case dismissed, shall not obligate the return of any portion of said premium.
  - SECOND: To reimburse Second Party and Surety for actual expenses incurred by Second Party or Surety in connection with the arranging and/or execution of Bail Bond or any substitution thereof, if applicable, whether or not said Principal refuses to be released after arrangements have been initiated by Second Party in accordance with the regulations of the Regulation Agency.
  - THIRD: To reimburse Second Party and Surety for actual expenses incurred and caused by a breach by the Principal of any of the terms for which the application and Bail Bond were written not in excess of the penal amount of the Bail Bond including all expenses or liabilities incurred as a result of searching for, recapturing or returning Principal to custody, incurred by Second Party or Surety or as necessary in apprehending or endeavoring to apprehend Principal, including legal fees incurred by Second Party or Surety in making application to a court for a court for an order to vacate or to set aside the order of forfeiture or Judgment entered thereon. However, no expenses or liabilities incurred for recapturing or returning Principal to custody shall be chargeable after the entry of Judgment.
  - FOURTH: To pay the Second Party or Surety, in the event that it is necessary for them to institute suit for a breach of this agreement, a reasonable attorney's fee.
  - FIFTH: To pay Second Party or Surety as collateral upon demand, the penal amount of Bail Bond whenever Second Party or Surety, as a result of information concealed or misrepresented by the First Party or Principal or other reasonable cause, any one of which was material to hazard assumed, deems payment necessary to protect the Second Party or Surety hereunder. Where, as a result of judicial action, bail has been increased, and no collateral or insufficient collateral, in the sole discretion of Second Party or Surety, is furnished to indemnity against such increase in bail, Second Party or Surety may demand such collateral as will indemnity them against such increased bail.
  - SIXTH: To pay Second Party or Surety immediately upon demand for any default or breach of the terms and conditions included herein.
  - SEVENTH: To aid Second Party or Surety in securing release or exoneration of Second Party or Surety from all liability under Bail Bond, including the surrender of Principal to court should Second Party or Surety deem such action advisable.
  - EIGHTH: That all money or other property which the First Party has deposited or may deposit with the Second Party or the Surety may be applied as collateral security or indemnity for matters contained herein, and to accomplish the purposes contained herein, the Second Party and/or Surety is authorized to lawfully levy upon said collateral in the manner provided by law and to apply the proceeds therefrom and any and all money deposited to payment or reimbursement for the hereinabove liabilities, losses, costs, damages, and expenses. If collateral received by Second Party is in excess of the bail forfeited, such excess shall be returned to the depositor immediately upon the application of the collateral to the forfeiture, subject to any claim of Second Party and Surety for unpaid Premium on the hereinabove charges, and for other matters contained herein.
  - NINTH: Second Party or Surety shall not surrender Principal to custody prior to the time specified in the Bail Bond for the appearance of the Principal, or prior to any occasion when the presence of the Principal in court is lawfully required, without returning all premium paid therefore, unless as a result of judicial action, information concealed or misrepresented by the Principal, or other reasonable cause, any one of which was material to the hazard assumed, the hazard was substantially increased and the additional premium, if any, for such increased hazard was not paid within a reasonable time.
  - TENTH: The obligations hereunder are joint and several and any amounts due shall bear interest at the maximum rate of interest allowed by law. The Second Party and the Surety shall not be first obliged to proceed against the Principal on Bail Bond before having recourse against the First Party or any one of them, the First Party hereby expressly waiving the benefits of law requiring Second Party or the Surety to make claim upon or to proceed or enforce its remedies against the Principal before making demand upon or proceeding and/or enforcing its remedies against any one or more of the First Party.
  - ELEVENTH: In making application for Bail Bond, each of us warrants all statements made by him or her on this application to be true, and we agree to advise Second Party or Surety of any change, including but not limited to change of address or employment of either the Principal or of any of the First Party, or any other material change in circumstance, prior to any such change as stated herein, and First Party agrees that any failure to so notify shall be reasonable cause for the immediate surrender of the Principal.
  - TWELFTH: The undersigned agree that these obligations apply to all other Bail Bonds executed for the same charge for which the above mentioned Bail Bond was executed, or any charge arising out of the same transaction, regardless of whether said Bail Bonds are filed before or after conviction, but not in a greater amount.
- IN WITNESS WHEREOF, the First Party whose names are subscribed to the Bail Agreement executed herewith each represents: I have read the Bail Agreement and I know the contents thereof; that I hereby acknowledge receipt of a copy of said Bail Agreement; that I am the true and lawful owner to the property, whether real or personal, which if set forth in the "Application for Indemnitor" (which application, with all other forms related to this application, is made a part hereof by reference as though herein fully set forth) is my property and that I own such property free and clear of all liens or encumbrances except as so noted, and I further promise not to transfer or encumber any of said property until my liability on said bail agreement has been released. I understand the Second Party and/or Surety is permitting the said bail to remain in force upon reliance of the statements made by me and I do hereby set my hand.

Indemnitor Signature	Print Name	Date
Indemnitor Signature	Print Name	Date
Indemnitor Signature	Print Name	Date
Defendant/Arrestee Signature	Print Name	Date



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**CREDIT CARD CHARGE AGREEMENT**

I authorize Classic Bail Bonds to place a charge on my credit card, as described below.  Visa  
 MasterCard  
Name on Credit Card: \_\_\_\_\_  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Identification Number (CID or CVV): \_\_\_\_\_  
The CID is the last three or four digits printed on the back of the credit card. The CID or CVV is separate from the account number.

Billing Address: (Street) \_\_\_\_\_

Billing Address: (City, State, Zip) \_\_\_\_\_

Amount Authorized for this Card: \$ \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDIT CARD CHARGE AGREEMENT**

I authorize Classic Bail Bonds to place a charge on my credit card, as described below.  Visa  
 MasterCard  
Name on Credit Card: \_\_\_\_\_  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Identification Number (CID or CVV): \_\_\_\_\_  
The CID is the last three or four digits printed on the back of the credit card. The CID or CVV is separate from the account number.

Billing Address: (Street) \_\_\_\_\_

Billing Address: (City, State, Zip) \_\_\_\_\_

Amount Authorized for this Card: \$ \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For additional card(s), please duplicate this page, or provide all information on a blank page, including signature.