Lic# 1843662 La Habra, CA 90631 Fax (562) 309-8016 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.

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

Thank you, Craig and Debbie Leibert

<u>Leibert@ClassicBail.com</u> (562) 947-1112 Fax (562) 309-8016

Classic Bail Bonds 2121 W. Imperial Hwy. Suite E114 La Habra, CA 90631



2121 W. Imperial Hwy. Suite E114 (562) 947-1112 (877) 610-2245

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CHECKLIST for INDEMNITOR(S) (person/people guaranteeing bail)

Name o	f Defe	endant/Arrestee		
Initials	1.	I have read and received a copy of the "In intended to clarify and explain the "Inden	ndemnity Agreement for Surety Bail Bond." This mnity Agreement for Surety Bail Bond."	indemnitor/guarantor checklist is
Initials	 3. 	finance charges (interest) are waived if I one payment, interest will be charged on computed on unpaid balances on the 30th agree to pay a late charge of 10% of the I the due date. Unless otherwise agreed, all	e payments for money due on the premium for the make the agreed payments on time, and that if I ar all unpaid amounts until they are paid. In the even day of each month, at a rate of 10% per annum (Clate payment, for any payment not received by Clatl payments are due on the first day of each month action between the parties concerning this bail both the strenge Country in the State of California.	n more than five days late on any nt that interest is charged, it will be 0.833% per month). In addition, I ssic Bail Bonds within five days of until completely paid.
Initials Initials	4.	I understand I am responsible for paying every appearance and any other time order	the full amount of the bond/bail posted if the defered by the court, until the defendant/arrestee is se	
Initials	5.		the court if the defendant/arrestee fails to make a t is not ordered reinstated, or exonerated, that I mu	
Initials Initials	 6. 7. 	I understand I am responsible if it become for investigation, location, and apprehension 20% of the bond/bail amount, whichever any indemnitor requests the defendant be Agreement for Surety Bail Bond," specification have been incurred prior to a voluntary succourt, there will be no investigation cost I understand that if a bond/bail is ordered	es necessary to arrest and surrender the defendant. Sion time; this is billed at a rate of \$250.00 per houser is greater. Investigation costs will begin to acceplaced back in custody or when any condition exically, but not limited to, Sections Five and Eleverurrender of defendant at a county jail facility in the charged. Reasonable court costs will be charged if forfeited by the court, that I am responsible to part for the bail agency to reinstate or exonerate the bar	or per investigator, plus expenses, rue after a court forfeiture or when ists as defined in the "Indemnity in. If no investigation costs, etc., e same county of the prosecuting f applicable. by court costs and reasonable
Initials	8.9.	by the "Indemnity Agreement for Surety fees and costs, or collection company fee collection action needs to be taken, a min	ity Agreement for Surety Bail Bond," by non-payr Bail Bond," I am responsible for any collection acts and costs. Attorney's fees are typically a minimum \$300.00 fee will be charged. eased until all bonds/bail posted on my behalf for	etions taken, including attorney um of \$250.00 per hour. If any
Initials Initials	10.		ourt has been provided to Classic Bail Bonds, and l is done at the discretion of Lexington National Ir substitute collateral at a future date	•
Initials	11.	I understand that it is my responsibility to collateral until Classic Bail Bonds has recourt.	o request return of any collateral provided. There searched the exoneration date and verified the bon	d/bail status with the appropriate
Initials	12.	This checklist is intended to explain and clarify the "Indemnity Agreement for Surety Bail Bond." Nothing is agreed to that would limit my responsibility under the "Indemnity Agreement for Surety Bail Bond." Nothing is agreed to that would limit the rights of Lexington National Insurance Corporation or Classic Bail Bonds under the "Indemnity Agreement for Surety Bail Bond."		
Initials	13.	I declare that all statements made on the applications for this bond/bail are true. I agree to notify Classic Bail Bonds, within 48 hours of any changes, including but not limited to any change of address or employment of either myself or the defendant/arrestee.		
Initials	14.	credit card provided by me.	e past due amounts, and any additional charges au	
Initials	15.		reement is joint and several. This means that I may any and all charges, even if there are other co-sign	
	ead an	d agree with the above declarations and	understand my responsibilities and obligations	as indemnitor/guarantor.
Indemnitor Signature		ture	Print Name	Date
Defendan	t/Arrest	ee Signature	Print Name	Date

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INFORMATION ABOUT ARRESTEE

Arrestee's Name		Best Pl	hone Number to Contac	et
Phone Numbers: Home	Cellular	Fax		_ Work
Arrestee's Address		City/State/Z	Zip	
Own/Rent/Lease?	If Rent/Lease, Landlord			Phone
Citizen of What Country?	List Other States Liv	ved In		
If less than 5 years, Previous Address _		Ci	ity/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/S	State/Zip	
Monthly Income	Supervisor's Name		Supervisor	s's Phone
How Long with Employer?	Union		Local#	
How Many Children	Names and Ages			
Autos (year/make/model/color/license)				
Information About Spouse/Significant O	Other of Arrestee:			
Martial 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/S	State/Zip	
Monthly Income	Supervisor's Name		Supervisor	's Phone
How Long with Employer?	Union		Local#	:
Other Information (names, addresses, pl	hone numbers):			
Father				
Mother				
Friend				
Friend				
Reference				
Nearest Relative				
Attorney				
Co-Arrestee				
I certify that the above information is tr	ue, correct, and complete.			
Signature	Print Name			Date

Name of Defendant/Arrestee _____

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PLAIN TALK CONTRACT

named defendant/arrestee, that I a If he/she fails to follow any and a necessary to apprehend and surrer expenses incurred as a result of su and the defendant/arrestee is not s am required to pay the FULL AN	m responsible for him/her appearing II instructions or orders of the court of the him/her to the court, I understantich forfeiture, search, and/or apprehe	
defendant from custody. The fa		ally earned upon the release of the ve been improperly arrested, or his/her e the return or forgiveness of any portion
•		from the date the bond/bail is exonerated il Bonds must receive written notice from
<u> </u>	signer." I have no connection with a I agree to fulfill all of the provision	a Bail Bond Consultant. I have read the s therein.
Indemnitor Signature	Print Name	Date
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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Baltimore, MD 21202

APPLICATION for INDEMNITOR (person guaranteeing bail)

Indemnitor's Name	Work			
Indemnitor's Address				
Own/Rent/Lease? If Rent/Lease, Landlord City/Stat Date of Birth Social Security # Driver's License Height Weight Eye Color Hair Color Employer Occupation Employer's Address City/State/Z Monthly Income Supervisor's Name How Long with Employer? Union Information About Spouse/Significant Other of Indemnitor: Martial Status Name of Spouse/Significant Other Date of Birth Social Security # Driver's License				
If less than 5 years, Previous Address City/State Date of Birth Social Security # Driver's License Height Weight Eye Color Hair Color Employer Occupation Employer's Address City/State/Z Monthly Income Supervisor's Name How Long with Employer? Union Information About Spouse/Significant Other of Indemnitor: Martial Status Name of Spouse/Significant Other Date of Birth Social Security # Driver's License Date of Birth Social Security #				
Date of Birth Social Security # Driver's License Height Weight Eye Color Hair Color Employer Occupation City/State/Z Monthly Income Supervisor's Name How Long with Employer? Union Union Information About Spouse/Significant Other of Indemnitor: Martial Status Name of Spouse/Significant Other Driver's License Objective # Driver's License Driver's License Objective # Driver's License Driver's Lice	Phone			
Height Weight Eye Color Hair Color Employer Occupation Employer's Address City/State/Z Monthly Income Supervisor's Name How Long with Employer? Union Information About Spouse/Significant Other of Indemnitor: Martial Status Name of Spouse/Significant Other Date of Birth Social Security # Driver's License	e/Zip			
Employer's Address City/State/Z Monthly Income Supervisor's Name How Long with Employer? Union Information About Spouse/Significant Other of Indemnitor: Martial Status Name of Spouse/Significant Other Date of Birth Social Security # Driver's License	se # and State			
Employer's Address City/State/Z Monthly Income Supervisor's Name How Long with Employer? Union Information About Spouse/Significant Other of Indemnitor: Martial Status Name of Spouse/Significant Other Date of Birth Social Security # Driver's License	Sex Race			
Monthly Income Supervisor's Name How Long with Employer? Union Information About Spouse/Significant Other of Indemnitor: Martial Status Name of Spouse/Significant Other Date of Birth Social Security # Driver's License.				
How Long with Employer?Union	iip			
Information About Spouse/Significant Other of Indemnitor: Martial Status Name of Spouse/Significant Other Date of Birth Social Security # Driver's License.	Supervisor's Phone			
Martial Status Name of Spouse/Significant Other Driver's Licens	Local#			
Date of Birth Social Security # Driver's Licens				
	How Long?			
Haight Weight Eye Color Hair Color	se # and State			
Height Eye Coloi Hall Coloi				
EmployerOccupation				
Employer's Address City/State/Z	ip			
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	e/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

	ic Bail Bonds, called "Second Party," for the execution by Lexing its designee, of a Bail undertaking herein referred to as "Bail Bo	
\$ for		(name of defendant/arrestee)
called "Principal," and in consideration of Second Party arranging follows:	ng for execution or continuance of this Bail Bond, First Party doe	s jointly and severally agree as
FIRST: To pay Second Party \$ Principal(defendant/arrestee). The fact that Principal may have be of any portion of said premium.	as premium for this Bail Bond. The premium is fully been improperly arrested, or his/her bail reduced, or his/her case d	
SECOND: To reimburse Second Party and Surety for actual exp Bond or any substitution thereof, if applicable, whether or not sa	enses incurred by Second Party or Surety in connection with the a aid Principal refuses to be released after arrangements have been i	
and Bail Bond were written not in excess of the penal amount of returning Principal to custody, incurred by Second Party or Sure by Second Party or Surety in making application to a court for a However, no expenses or liabilities incurred for recapturing or recognitions.	ses incurred and caused by a breach by the Principal of any of the the Bail Bond including all expenses or liabilities incurred as a rety or as necessary in apprehending or endeavoring to apprehend I court for an order to vacate or to set aside the order of forfeiture enturning Principal to custody shall be chargeable after the entry of	esult of searching for, recapturing or Principal, including legal fees incurred or Judgment entered thereon. f Judgment.
FIFTH: To pay Second Party or Surety as collateral upon deman concealed or misrepresented by the First Party or Principal or ot protect the Second Party or Surety hereunder. Where, as a resul-	t is necessary for them to institute suit for a breach of this agreemed, the penal amount of Bail Bond whenever Second Party or Surener reasonable cause, any one of which was material to hazard asset of judicial action, bail has been increased, and no collateral or in gainst such increase in bail, Second Party or Surety may demand	ty, as a result of information sumed, deems payment necessary to sufficient collateral, in the sole
	nd for any default or breach of the terms and conditions included a exoneration of Second Party or Surety from all liability under Barry advisable.	
EIGHTH: That all money or other property which the First Party or indemnity for matters contained herein, and to accomplish the collateral in the manner provided by law and to apply the proceeliabilities, losses, costs, damages, and expenses. If collateral reconstructions are contained to the c	whas deposited or may deposit with the Second Party or the Surety purposes contained herein, the Second Party and/or Surety is aut ds therefrom and any and all money deposited to payment or rein eived by Second Party is in excess of the bail forfeited, such excere, subject to any claim of Second Party and Surety for unpaid Pro-	horized to lawfully levy upon said abursement for the hereinabove ass shall be returned to the depositor
NINTH: Second Party or Surety shall not surrender Principal to occasion when the presence of the Principal in court is lawfully	custody prior to the time specified in the Bail Bond for the appear required, without returning all premium paid therefore, unless as e cause, any one of which was material to the hazard assumed, the is not paid within a reasonable time.	a result of judicial action, information
TENTH: The obligations hereunder are joint and several and an the Surety shall not be first obliged to proceed against the Princi	y amounts due shall bear interest at the maximum rate of interest a pal on Bail Bond before having recourse against the First Party of arty or the Surety to make claim upon or to proceed or enforce its	any one of them, the First Party
ELEVENTH: In making application for Bail Bond, each of us we Party or Surety of any change, including but not limited to change change in circumstance, prior to any such change as stated hereisurrender of the Principal.	arrants all statements made by him or her on this application to be ge of address or employment of either the Principal or of any of the n, and First Party agrees that any failure to so notify shall be reason.	ne First Party, or any other material conable cause for the immediate
executed, or any charge arising out of the same transaction, rega IN WITNESS WHEREOF, the First Party whose names are sub- know the contents thereof; that I hereby acknowledge receipt of personal, which if set forth in the "Application for Indemnitor" (though herein fully set forth) is my property and that I own such	to all other Bail Bonds executed for the same charge for which the ruless of whether said Bail Bonds are filed before or after convict scribed to the Bail Agreement executed herewith each represents: a copy of said Bail Agreement; that I am the true and lawful own which application, with all other forms related to this application property free and clear of all liens or encumbrances except as so id bail agreement has been released. I understand the Second Pame and I do hereby set my hand.	ion, but not in a greater amount. I have read the Bail Agreement and I er to the property, whether real or , is made a part hereof by reference as noted, and I further promise not to
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 cre	· —	Visa MasterCard
Name on Credit Card:		Discover
Credit Card Number:		
Expiration Date: Card Identified The CID is the last three or four digits printed on the back of the credit	fication Number (CID or CVV): _it card. The CID or CVV is separate fr	om the account number.
Billing Address: (Street)		
Billing Address: (City, State, Zip)		
Amount Authorized for this Card: \$		
Cardholder's Signature:	Date:	
CREDIT CARD CHAR	RGE AGREEMENT	
I authorize Classic Bail Bonds to place a charge on my cre		Visa MasterCard
Name on Credit Card:		Discover
Credit Card Number:		
Expiration Date: Card Identification The CID is the last three or four digits printed on the back of the credit		
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.