

# McDERMOTT BAIL BONDS

Post Office Box 212979  
 Royal Palm Beach, Florida 33421  
 Phone (561) 833-9113  
 Fax (561) 833-0545

**1. Name & Address**

Full Name \_\_\_\_\_  
Please Print - First / Middle / Last  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 How Long at Residence \_\_\_\_\_ Renting/Buying \_\_\_\_\_ How Long In Area \_\_\_\_\_

**2. Personal Description/ Vehicle Information**

Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_ S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Sex \_\_\_ Female \_\_\_ Male Race \_\_\_\_\_ Hgt. \_\_\_\_\_ Wgt. \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_  
 Local Hang-outs \_\_\_\_\_ Scars / Tattoos \_\_\_\_\_  
 D.L. # \_\_\_\_\_ Auto \_\_\_\_\_ Year \_\_\_\_\_ Tag# & State \_\_\_\_\_  
 Finance Co. \_\_\_\_\_ Insurance Co. \_\_\_\_\_

**3. Employment**

Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Emp. Phone # \_\_\_\_\_ Supervisors \_\_\_\_\_ Shift \_\_\_\_\_ How Long Employed \_\_\_\_\_

**4. Marital Status / Children**

\_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Other  
 Spouse \_\_\_\_\_ Employer \_\_\_\_\_ How Long \_\_\_\_\_  
 Children \_\_\_\_\_ Ages \_\_\_\_\_ School \_\_\_\_\_  
 Children \_\_\_\_\_ Ages \_\_\_\_\_ School \_\_\_\_\_

**5. Background**

Previous Arrest \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_ Charges \_\_\_\_\_  
 Probation Officer \_\_\_\_\_ Bonded Before \_\_\_\_\_ By Whom \_\_\_\_\_ Year \_\_\_\_\_

**6. Personal References**

Name / Address / Known Years / Occupation / Phone/Cell/Pager #

1. \_\_\_\_\_
2. \_\_\_\_\_

**7. Relatives (If not living, Other nearest relatives )**

Name	Occupation	Address, City & State	Phone/Cell/Pager
Father			
Mother			
Brother			
Brother			
Sister			
Sister			
Father-in- law			
Brother-in-law			

**NOTE: PREMIUM ON THIS BOND IS NOT**

**REFUNDABLE**

The undersigned principal hereby agrees to indemnify and/or hold harmless, the surety company and its agent for any and all losses not otherwise prohibited by law, or rules and regulations promulgated under any applicable statute that may result from execution of the foregoing described bond.

The defendant hereby warrant(s) that the foregoing declarations made and answers given are the truth without reservation and are made for the purpose of inducing the Surety to become surety or to procure suretyship on the bond or undertaking applied for herein, with the intent and purpose that they be fully relied on.

Applicant  
 Sign Here \_\_\_\_\_

**8. Notification - Defendant / Indemnitor / Attorney**

Defendant: Name / Address / Phone \_\_\_\_\_

Indemnitor: Name / Address / Phone \_\_\_\_\_

Attorney: Name / Address / Phone \_\_\_\_\_

**9. Type of Collateral (Please check)**

\_\_\_\_ (1) Cash \_\_\_\_ (2) Car Title \_\_\_\_ (3) Mortgage \_\_\_\_ (4) Miscellaneous Other (5) \_\_\_\_\_

Owner (s) Name \_\_\_\_\_

Owner (s) Address & Phone \_\_\_\_\_

Owner (s) Name \_\_\_\_\_

Owner (s) Address & Phone \_\_\_\_\_

Collateral Description \_\_\_\_\_

Location Of Collateral \_\_\_\_\_

**TERMS AND CONDITIONS**

The following terms and conditions are an integral part of this Application for appearance BOND(S) # \_\_\_\_\_ dated \_\_\_\_\_ for which LEXINGTON NATIONAL INSURANCE CORPORATION (hereinafter called SURETY), or its Agency shall receive a premium in the amount of \_\_\_\_\_ (\$ \_\_\_\_\_) Dollars, and the parties agree that said appearance bond(s) is conditioned upon full compliance by the principal of all said terms and conditions and is a part of said bond(s) and applications therefore.

1. The SURETY, as bail, shall have control and jurisdiction over the principal during the term for which the bond is executed and shall have the right to apprehend, arrest and surrender the principal to the proper officials at any time as provided by law.
2. In the event surrender of principal is made prior to the time set for principal's appearances, and for reason other than as enumerated below in paragraph 3, then principal shall be entitled to a refund of bond premium.
3. It is understood and agreed that the happening of any one of the following events shall constitute a breach of principal's obligations to the SURETY hereunder, and the SURETY shall have the right to forthwith apprehend, arrest and surrender principal, and principal shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of principal's obligations hereunder are:
  - (a) If principal shall depart the jurisdiction of the court without the written consent of the court and the SURETY or its Agent.
  - (b) If principal shall move from one address to another without notifying the SURETY or its agent in writing prior to said move.
  - (c) If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond.
  - (d) If principal is arrested and incarcerated for any other offense other than a minor traffic violation.
  - (e) If principal shall make any material false statement in the application or fails to fill in application.

OTHER CONDITIONS: \_\_\_\_\_

The undersigned hereby warrant(s) that the foregoing declarations made and answered given are the truth without reservation and are made for the purpose of including the SURETY to become surety or to procure suretyship on the bond or undertaking applied for herein., with the intent and purpose that they be fully relied on.

For good and valuable consideration, the undersigned hereby agrees to indemnify and/or hold harmless, LEXINGTON NATIONAL INSURANCE CORPORATION and/or its Agent for any and all losses not otherwise prohibited by law, or rules and regulations promulgated under any applicable statute. In addition, the undersigned does hereby waive any and all rights it may have under Title 28 Privacy Act - Freedom of Information Act, Title 6 Fair Credit Reporting Act, and any such local or State Law, and further consents to and authorizes the SURETY and/or its Agent, to obtain any and all private or public information and/or records concerning the undersigned from any party or agency, private or governmental (local, State, Federal), including, but not limited to credit reports, Social Security Records, criminal records, civil records, telephone records, medical records, school records, workers compensation records, and employment records. The undersigned authorizes, without reservation, any party or agency, private or governmental (local, State, Federal), contacted by SURETY, and /or its Agent, to furnish any and all private and public information and records in their concerning the undersigned to SURETY, and /or its Agent, and directs that a copy of this document shall serve as evidence of said authorization.

**Florida Fraud Statement - Any person knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature of Principal / Defendant \_\_\_\_\_

Mailing Address \_\_\_\_\_