

THE NORTH RIVER INSURANCE COMPANY

DEFENDANT'S APPLICATION - Page 1 of 2

11490 Westheimer Rd., Suite 300 77077
P.O. Box 2807 Houston, Texas 77252-2807
(713) 954-8100 - (713) 954-8389 FAX

AGENT _____ DATE OF APPLICATION _____

Defendant's Full Name: (First) _____ (Middle) _____ (Last) _____

Alias/Nickname/Street Name _____ Home Phone# _____

SSN _____ - _____ - _____ DOB ____/____/____ Place Of Birth _____ Race _____

Height _____ Weight _____ Eye Color _____ Scars/Tattoo/Marks _____

Driver's License/ID Card/Passport _____ State/Country Issued _____ Expiration _____

Address _____ () Own

City _____ State _____ Zip Code _____ () Rent Landlord _____

Offense _____ Case# _____ Power# _____ Amount \$ _____ Premium \$ _____

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Offense _____ Case# _____ Power# _____ Amount \$ _____ Premium \$ _____

Total
Amount \$ _____ Total
Premium\$ _____

Court _____ Appearance Date _____ Time _____

Present Occupation(s) _____ Previous Occupation _____

Employer _____ Shift _____ How Long _____

Address _____ Job Title _____

City _____ State _____ Zip Code _____ Phone _____

Union _____ Local # _____

Previous Employer _____ How Long _____

Address _____ Job Title _____

City _____ State _____ Zip Code _____ Phone _____

Spouse's Name (First) _____ (Middle) _____ (Last) _____

Maiden Name _____ SSN _____ - _____ - _____ DOB ____/____/____

Employer _____ Shift _____ How Long _____

Address _____ Job Title _____

City _____ State _____ Zip Code _____ Phone _____

Children's Name Age Address, City, State, Zip School/Employer Phone

Auto Year Make Model Color Tags/Plates State Amount Owed \$ Lien Holder Insurance Agency/Company

Previous Arrest Where

On Probation/Parole Where Probation/Parole Officer

Attorney Phone

Address Suite #

City State Zip Code Phone

References

Name (First) (Last) Relation

Address Years Known

City State Zip Code Phone

Name (First) (Last) Relation

Address Years Known

City State Zip Code Phone

Name (First) (Last) Relation

Address Years Known

City State Zip Code Phone

I have read and had explained to me and understand the following terms and conditions of The North River Insurance Company executing the above listed Surety Bal Bonds on my behalf:

1. The North River Insurance Company shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials and any time for violation of my bail bond(s) obligations to the court and The North River Insurance Company as provided by law.

2. It is understood and agreed that anyone of the following actions by me shall constitute a breach of my obligation to The North River Insurance Company and that The North River Insurance Company and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s):

- a. If I depart the jurisdiction of the court without written consent of the court and The North River Insurance Company or its Agent.
b. If I shall move from one address to another or change my phone number without notifying The North River Insurance Company and/or its Agent.
c. If I commit any act, which shall constitute reasonable evidence of my intention to cause forfeiture of, my bail bond(s).
d. If I am arrested and incarcerated for any offense other than minor traffic violation.
e. If I make any false material false statement in my Surety Bail Bond Application and Agreement with The North River Insurance Company.

3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by The North River Insurance Company for any reason, and I am captured by The North River Insurance Company and/or its Agent, or law enforcement agency, in a State other than the one which my bail bond(s) is posted. I hereby agreed to voluntarily return to the State of the original jurisdiction, and I hereby waive extradition rights proceedings and further consent to the application of such reasonable force as may be necessary to effect such return.

4. I hereby waive any and all rights I may have under Title 29 Privacy Act - Freedom Of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize The North River Insurance 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 governmental (local, State, Federal), including but not limited to Social Security Records, criminal record, civil records, driving records, telephone records, medical records, school records, worker's compensation records, and employment records. I authorize without reservation, any party or agency, private or governmental (local, State, Federal) contacted by The North River Insurance Company, and/or its Agent, to furnish any and all private and public information and records in their possession concerning me to The North River Insurance Company, and/or its Agent.

Defendant's Signature

Date

State of County of

On this day of, 20

Before me personally appeared

known to be the person described in and who executed the forgoing instrument and he/she

there upon acknowledged to me that he/she/they executed the same