## SENECA INSURANCE COMPANY, INC.

160 Water Street, 16<sup>th</sup> Floor New York, NY 10038

AGENT NUMBER _				_
APPLICATION FOR	<b>A DDE</b>	ΔRA	NCE	ROND

Power #	Court:		Bail Amt_				
Case #	Charges			Гіте	AM PM		
Trial Date			Agent				
County	Arrest Date		Phote Log #	Frame	#		
	TER	MS AND CONI	DITIONS				
The undersigned Defendant desir executed, the bond herein applied without any mental reservations without any mental reservations.	for. Defendant makes						
The following terms and condition	ns are an integral part o	of this application	for appearance b	ond#	dat	ed	
	a Insurance Company o				nt of \$		,
and the parties agree that said app	pearance bond is condit	ioned upon full c	ompliance by the	principal with	all said terms a	and condition	ns
and is a part of said bond and app							
<ol> <li>Seneca Insurance Company a executed and shall have the r by law.</li> </ol>	as bail, shall have contright to apprehend, arres	ol and jurisdiction st, and surrender	n over the princip the principal to th	al during the t e proper offic	erm for which t ials at any time	he bond is as provided	
<ol> <li>It is understood and agreed the</li> </ol>	nat the hannenings of a	y one of the foll	owing events shal	l constitute a	breach of princi	nal's	
obligation to Seneca Insuran							
surrender principal, and principal							
breach of principal's obligati			p			. •••••••••	•
(a) If principal shall depart		ourt without the v	written consent of	the court and	Seneca Insuran	ce Co. or its	j
agents.	•						
(b) If principal shall move f		ther within the St	ate of Indiana wit	hout notifying	g Seneca Insurar	nce Co. or it	S
agent in writing prior to							
(c) If principal shall commi	t any act which shall co	nstitute reasonab	le evidence of pri	ncipal's inten	tion to cause a f	orfeiture of	
said bond.			. •				
(d) If principal shall make a							
(e) If principal is arrested at			n a minor traffic v	nolation.			
Signed, sealed, and delivered this	uay of	, 19					
						<del></del>	
Signature of Applicant		Mailing A	ddress				
ALL INFORM	ATION BELOW MUS	T BE COMPLET	TED IN FULL OF	R DELAY WI	LL OCCUR		_
NAME OF DEFENDANT				E()			
NICKNAME /ALIAS	way war and a second se		MAIDE	EN NAME			_
RESIDENCE ADDRESS				_HOW LON			
PREVIOUS ADDRESS	EL OVER DE	X.		_HOW LON			_
OCCUPATION	EMPLOYED B	Y		_ HOW LON			
PREVIOUS EMPLOYMENT EMPLOYERS ADDRESS			DIJONE NI II	_ HOW LON	G?		_
SOCIAL SECURITY NUMBER		DATE OF BIR	PHONE NUI	VIBER PLACE OF BI	DTLI		
ID MARK OR TATOOS	· · · · · · · · · · · · · · · · · · ·	_DATE OF BIK	. 111 г	GLAS		NO	
RACE SEX HEIGHT	WEIGHT	HAIR	EYES		MUSTACHE		10
SPOUSE / DOMESTIC PARTN				ECURITY N			<u></u>
DATE OF BIRTH	PARENTS		SOCIAL SI	PHONE(	) NIDEK		_
EMPLOYED BY		DDRESS		PHONE(	)		
							_
DEFENDANT'S CRIMINAL HI	STORY: (Including Co	ounties, States &	Charges)				
DRIVER'S LICENSE NUMBER	STAT	F	INS CO	INIC	AGENT		
VEHICLE(S) MAKE, MODEL,		<u> </u>	11 10 00	1143	AULHI		
FINANCED BY		TARY SERVICE	BRANCH	FRO	M TC	)	_
ARE YOU UNDER BOND NOV			T / SURETY	1 101	1		—
DEFENDANT ATTORNEY		DDRESS		PHONE(	)		
BANKS, CREDIT CARDS, MO			**************************************				_