



Please Fax this to: (305) 381-7090

NATIONAL MANAGING GENERAL AGENT
 AMERICAN BANKERS INSURANCE COMPANY ❖ AMERICAN RELIABLE INSURANCE COMPANY
 1000 N.W. 14th STREET • MIAMI, FLORIDA 33136 • TEL. (305) 381-7000 • FAX (305) 381-7090

TRANSFER BOND POSTING REQUEST

POA #:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/>	DATE:
	<input type="checkbox"/> Federal <input type="checkbox"/> Appeal	
REQUESTING G.A.:	CODE:	TIME: AM / PM
POSTING G.A.:	CODE:	APPROVED BY:

BOND AMOUNT(S)	POSTING DATE	DEFENDANT'S NAME (Last, First, Middle Initial)	<input type="checkbox"/>
			M
LOCATION OF BOND		DEFENDANT ADDRESS	<input type="checkbox"/>
			F
CHARGES		CITY	COUNTY
		STATE	ZIP
JAIL DETAINED IN		D.O.B.	RACE
		/ /	SOCIAL SECURITY
JAIL PHONE NUMBER		NUMBER	
JAIL ADDRESS		PLACE OF BIRTH	
CITY	COUNTY	STATE	ZIP
JAIL OR BOOKING NUMBER		OTHER: _____	
COLLATERAL		_____	
INDEMNITOR		_____	

Notes: _____

HOLD HARMLESS AND POSTING/TRANSFER BOND FEE ACKNOWLEDGMENT

I, _____, do hereby request that the above described bond(s) be executed on my behalf, and therefore I assume any and all liability and/or responsibility for the bond(s), and do hereby save and hold harmless National Surety Services of Florida, Inc. and/or any of its agents, and American Bankers Insurance Company. **NEITHER NSS OR ABIC IS RESPONSIBLE FOR RECEIVING OR FORWARDING COURT NOTICES.** I also agree that any and all court notices concerning these bonds that might be forwarded by Posting Agent is a courtesy, and that I am responsible for the appearance of the Defendant.

I further acknowledge that the posting fee of \$ _____ will be paid to National Surety Services of Florida within seven (7) days of the date of this request.

Total Due = \$ _____

Signature of Requesting Agent