

IMMIGRATION BOND POSTING WORKSHEET

A. Alien Information

1. Alien's Name: _____
2. Case Number A- _____
3. Bond Amount: \$ _____ Premium Amount (12%) \$ _____
4. Location where alien is located: _____
5. Date of Birth: _____
6. Country of Birth: _____
7. Nationality: _____
8. Date of arrival in US: _____
9. Port/Location of arrival in U.S.: _____
10. Means of arrival in U.S.: _____
11. Upon release alien will live at: _____
12. Telephone Number at alien's residence: _____

B. Indemnitor Information

1. Name of Indemnitor #1: _____
2. Address of Indemnitor #1: _____
3. Phone Number of Indemnitor #1: _____
4. Social Security Number for Indemnitor #1: _____
5. Indemnitor Number 1's Relationship to alien: _____
6. Name of Indemnitor: _____
7. Address of Indemnitor: _____
8. Phone Number of Indemnitor #2: _____
9. Social Security Number for Indemnitor #2 _____
10. Indemnitor Number 2's Relationship to alien: _____

C. Insurance Producer Information

1. Name of Producer requesting that immigration bond be posted: _____
2. Phone Number of Producer requesting that immigration bond be posted: _____

D. Collateral

1. Cash provided as collateral \$ _____ Must have at least 80% cash collateral! (All Cash Collateral Must Be Sent to Lexington National BEFORE The Bond Is Posted)
2. Other Collateral Provided Value # _____ Type of Property: _____

FAX (410-625-0865) OR EMAIL THIS WORKSHEET AND
THE DECLARATION RELATED TO THE IMMIGRATION BOND TO LEXINGTON NATIONAL