

DECLARATIONS OF INDEMNITOR

I have read and received a copy of the Indemnity Agreement, and Application for Surety Bail Bond.

I understand premium paid is fully earned upon release of the Defendant. The fact that Defendant may have been improperly arrested or his bail reduced or his case dismissed shall not obligate the return of any portion of said premium. The bond is renewable each year, 12 months after the date on which the bond was executed, unless the bond is exonerated prior to renewal date an annual premium may be charged.

I understand that I am responsible for all unpaid premium as described in the terms and conditions of the Promissory Note For Bail Bond Premium.

I understand I am responsible for the defendant to appear in court every time he or she is ordered by the court to appear until the defendant is sentenced or the court dismisses the case.

I understand that if the bail is ordered forfeited by the court for any reason, I am responsible to pay court costs and reasonable appearance fees for Bail Bond Agency to reinstate or exonerate the bail bond.

I understand that if it becomes necessary to arrest and surrender the defendant I may be required to pay Investigative fees. Fees are billed at an hourly rate of \$_____ per hour plus expenses.

I understand if the bond is ordered forfeited and it is not ordered reinstated, or exonerated, within the time prescribed by law, that I must pay the full amount of the bail forfeited plus any additional fees incurred by Bail Bond Agency and/or its representatives.

I understand collateral deposited as security may be levied upon in the manner provided by law and the proceeds of such collateral may be applied to any unpaid premiums, charges, summary judgments, court costs, investigator fees, or unusual expenses.

I have read the Declarations of Indemnitor and I know the contents thereof; that I hereby acknowledge receipt of a copy of said Declarations of Indemnitor.

Indemnitor: _____ Date: _____

Print: _____

Defendant: _____

Bond #: _____

BAIL BOND AGENCY: _____