

# Accredited

## Privacy Notice

*This Notice applies to Accredited Holding Corporation and its affiliated companies Accredited Surety and Casualty Company, Inc., Accredited Bond Agencies, Inc., and Accredited Group Agency, Inc. The word **Accredited** is used in the notice to refer to the companies listed above.*

Accredited believes strongly in the protection of personal privacy and is committed to complying with the state and federal regulations that govern the collection and use of personal information. This notice explains to you how Accredited handles and protects the information we collect.

**Accredited collects and uses customer information for legitimate business purposes. Accredited does not sell lists of our customers, nor do we disclose customer information to marketing companies except to companies we may hire to provide specific services as permitted by law.**

**Accredited obtains non-public information about you from the following sources:**

- Information we receive from you, such as information on applications or other related forms, which may include your name, address, age, and social security number.
- Information we receive from consumer reporting agencies, government agencies, credit references, employers, insurance companies, attorneys, and financial institutions, such as your credit history, verification of employment, criminal history and net income.
- Information about your transactions with us such as policy coverage, premiums and payment history.

**Accredited does not disclose any non-public personal information about you or former customers to anyone except as permitted by law.**

- As permitted by law. For example, providing information to industry regulators, to law enforcement agencies, for fraud prevention, to credit bureaus, and to third parties that assist us in processing the product or service you have requested.
- With parties that assist Accredited in promoting our own products and services, such as printers, and mail houses.
- Under the Fair Credit Reporting Act, to our Affiliates, so long as the information disclosed is Transaction and Experience Information: and
- To Affiliates and Nonaffiliated Third Parties to the extent necessary to process, obtain, service, maintain, administer or enforce the service or product that you have requested we provide.

**Accredited protects the confidentiality and security of your personal information.**

Accredited restricts access to non-public personal information about you to our employees, and agents who need this information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your non-public personal information.

### **Individual rights**

You have a right to review your personal information and to request that we correct, amend or delete the information on file.

### **Web Privacy**

When you visit Accredited's web site, the Web server automatically collects and maintains statistical information from our site's data logs that concern network traffic flow and volume. The Web server recognizes the name of the Internet domain, the IP address from which you accessed the site, and the time and date. This information does not identify personal e-mail addresses or other personal information. The site's data log collects this information in aggregate form. The information is used to improve the usefulness of the web site. Accredited's web site does not use cookies to collect individual information about you and your web site usage.

### **Right to Privacy Notification**

Accredited provides the Privacy Notice so that customers will be confident in understanding how Accredited handles and protects the information we collect. An annual Privacy Notice is sent only to customers who maintain an on-going relationship with Accredited. Our Privacy Policy is available for review online at [www.accredited-inc.com](http://www.accredited-inc.com).

Accredited Surety and Casualty Company, Inc.  
P.O. Box 140855, Orlando, FL 32814-0855  
Contact us at: 800-432-2799



A Property & Casualty Insurer Since 1971

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Following is a DISCLOSURE NOTICE required by the Terrorism Risk Insurance Act of 2002.

**POLICYHOLDER DISCLOSURE NOTICE**  
**OF TERRORISM INSURANCE COVERAGE**

The Terrorism Risk Insurance Act of 2002 establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. As a surety bond customer of Accredited Surety and Casualty Company, it is our duty to notify you that under certain circumstances the company may be eligible for reimbursement of certain surety bond losses by the United States government under a formula established by this Act.

Under this formula, the United States government pays 90% of losses caused by certified acts of terrorism that exceed a statutorily established deductible to be paid by the insurance company providing the bond. The Act also establishes a \$100 billion cap for the total of all losses to be paid by all insurers for certified acts of terrorism. Losses on some or all of your bonds may be subject to this cap.

This notice does not modify any of the existing terms and conditions of this bond, the underlying agreement guaranteed by this bond, any statutes governing the terms of this bond or any generally applicable rules of law.

At this time there is no premium change resulting from this Act. You will be notified of any developments that result in a premium change.

**Accredited Surety and Casualty Company, Inc.**

**P.O. Box 2067**

**Winter Park, FL 32790-2067**

**800-432-2799**

DN 01 (06/03)

# INDEMNITY AGREEMENT FOR SURETY BAIL BOND ACCREDITED SURETY AND CASUALTY CO., INC.

The undersigned, called "First Party," make application to Call4Bail Bail Bonds called "Second Party," for execution by ACCREDITED SURETY AND CASUALTY CO., INC., a corporation called "Surety" of a Bail Undertaking herein referred to as "Bail Bond" in the penal amount of \$ Enter Bond Amount Here for Enter Defendants Name Here called "Principal," and in consideration

of the Second Party arranging for execution of continuance of the Bail Bond, First Party does jointly and severally agree as follows:

FIRST: To pay second party premium in the sum of \$ Enter Premium to be Paid Here for this bail bond. The premium is fully earned upon release of Principal. 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.

SECOND: To reimburse Second Party and Surety for actual expenses incurred by Second Party or Surety in connection with the arranging and/or execution of Bail Bond or any renewal or substitution thereof whether or not said Principal refuses to be released after arrangements have been initiated by Second Party, in accordance with regulations of the Insurance Commissioner in effect at the time such expenses are incurred.

THIRD: To reimburse Second Party and Surety for actual expenses incurred and caused by a breach by the Principal of any of the terms for which the application and Bail Bond were written not in excess of the penal amount of the Bail Bond including all expenses or liabilities incurred as a result of searching for, recapturing or returning Principal to custody, incurred by Second Party or Surety or as necessary in apprehending or endeavoring to apprehend Principal, including legal fees incurred by Second Party or Surety in making application to a court for an order to vacate or to set aside the order of forfeiture of Summary Judgment entered thereon. However, no expenses or liabilities incurred for recapturing or returning Principal to custody shall be chargeable after the entry of Summary Judgment.

FOURTH: To pay the Second Party or Surety, in the event that it is necessary for them to institute suit for a breach of this agreement, a reasonable attorney's fee which shall, in no event, be less than the sum of twenty-five dollars (\$25.00).

FIFTH: To pay Second Party or Surety as collateral upon demand, the penal amount of Bail Bond whenever Second Party or Surety, as a result of information concealed or misrepresented by the First Party or Principal or other reasonable cause, any one of which was material to hazard assumed, deems payment necessary to protect the Second Party or Surety hereunder. Where, as a result of judicial action, bail has been increased, and no collateral or insufficient collateral, in the sole discretion of Second Party or Surety, is furnished to indemnify against such increase in the bail, Second Party or Surety may demand such collateral as will indemnify them against such increased bail.

SIXTH: To pay Second Party or Surety immediately upon demand after entry of Summary Judgment, pursuant to California Penal Code, Section 1306.

SEVENTH: To aid Second Party or Surety in securing release or exoneration of Second Party or Surety from all liability under Bail Bond, including the surrender of Principal to Court should Second Party or Surety deem such action advisable.

EIGHTH: That all money or other property which the First Party has deposited or may deposit with the Second Party or the Surety may be applied as collateral security or indemnity for matters contained herein, and to accomplish the purposes contained herein, the Second Party and/or Surety is authorized to lawfully levy upon said collateral in the manner provided by law to apply the proceeds therefrom and any and all money deposited to payment or reimbursement for the herein above liabilities, losses, costs, damages and expenses. If collateral received by Second Party is in excess of the bail forfeited, such excess shall be returned to the depositor immediately upon the application of the collateral to the forfeiture, subject to any claim of Second Party and Surety for unpaid Premium or the Herein above charges.

NINTH: Second Party or Surety shall not surrender Principal to custody prior to the time specified in the Bail Bond for the appearance of the Principal, or prior to any occasion when the presence of the Principal in Court is lawfully required without returning all premium paid thereof, unless as a result of judicial action, information concealed or misrepresented by the Principal, or other reasonable cause, any one of which was material to the hazard assumed the hazard was substantially increased and the additional premium, if any, for such increased hazard was not paid within a reasonable time.

TENTH: The obligations hereunder are joint and several and any amounts due shall bear interest at the maximum rate of interest allowed by law. The Second Party and the Surety shall not be first obliged to proceed against the Principal on Bail Bond before having recourse against the First Party or to proceed or enforce its remedies against the Principal before making demand upon or proceeding and/or enforcing its remedies against any one or more of the First Party.

ELEVENTH: In making application for Bail Bond, each of us warrants all statements made by him or her on this application to be true, and we agree to advise Second Party or Surety of any change, including but not limited to change of address or employment of either the Principal or of any of the First Party, or any other material change in circumstances, within forty-eight (48) hours after knowledge such change shall have occurred, and the First Party agrees that any failure to so notify shall be reasonable cause for the immediate surrender of the Principal.

TWELFTH: The undersigned agree that these obligations apply to all other Bail Bonds executed for the same charge for which the above mentioned Bail Bond was executed, or any charge arising out of the same transaction, regardless of whether said Bail Bonds are filed before or after conviction, but not in a greater amount.

IN WITNESS WHEREOF, the First Party whose names are subscribed to the Bail Agreement executed herewithin each represents: I have read this Bail Agreement and I know the contents thereof; that I hereby acknowledge receipt of a copy of said Bail Agreement; that I am the true and lawful owner of the property, whether real or personal, which if set forth in the Application for Bail (which Application is made a part hereof by reference as through herein fully set forth) is my property and that I own such property free and clear of all liens or encumbrances except as so noted, and I further promise not to transfer or encumber any of said property until my liability on said Bail Agreement has been released. I understand the Second Party and/or Surety is permitting the said bail to remain in force upon reliance of the statements made by me and I do hereby

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ set my hand.

Defendant

SIGNATURE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 DMV I.D. \_\_\_\_\_ S.S. NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 EMAIL \_\_\_\_\_

Indemnitor

SIGNATURE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 DMV I.D. \_\_\_\_\_ S.S. NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 EMAIL \_\_\_\_\_

Indemnitor

SIGNATURE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 DMV I.D. \_\_\_\_\_ S.S. NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 EMAIL \_\_\_\_\_

Your Information

ACCREDITED SURETY AND CASUALTY CO., INC.  
ORLANDO, FL

APPLICATION AND AGREEMENT FOR SURETY BAIL BOND

D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_ Exec. Date \_\_\_\_\_  
Race \_\_\_\_\_ Moustache \_\_\_\_\_ Arr. Date \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Booking # \_\_\_\_\_  
Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Bond No. \_\_\_\_\_ Amt. \$ \_\_\_\_\_ Where Held \_\_\_\_\_  
I.D. Marks \_\_\_\_\_ Glasses \_\_\_\_\_ Where Born \_\_\_\_\_ Arr. By \_\_\_\_\_  
S.S.# \_\_\_\_\_ D.L. # \_\_\_\_\_ F.B.I. # \_\_\_\_\_

Booking Name \_\_\_\_\_ A.K.A. \_\_\_\_\_  
Charges \_\_\_\_\_ Case # \_\_\_\_\_ Date to Appear \_\_\_\_\_ Time \_\_\_\_\_  
Court \_\_\_\_\_ Jud. Dist. \_\_\_\_\_ Div. or Dept. \_\_\_\_\_ County \_\_\_\_\_

St. Add. \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ How Long \_\_\_\_\_  
Former Add. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ How Long \_\_\_\_\_  
Years in City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Last County \_\_\_\_\_ Last State \_\_\_\_\_  
Employed By \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ How Long \_\_\_\_\_  
Employer's Add. \_\_\_\_\_ Superior \_\_\_\_\_ Mo. Income \_\_\_\_\_ Shift \_\_\_\_\_  
Previous Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ When \_\_\_\_\_  
Previous Arrest Charge \_\_\_\_\_ Court \_\_\_\_\_ County \_\_\_\_\_ When \_\_\_\_\_  
Disposition \_\_\_\_\_ Previous Bail \_\_\_\_\_ With Who \_\_\_\_\_ Amount \$ \_\_\_\_\_ Case Pending? \_\_\_\_\_  
On Probation? \_\_\_\_\_ Where \_\_\_\_\_ Probation Officer \_\_\_\_\_  
Vehicle - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_  
Military Branch \_\_\_\_\_ Serial # \_\_\_\_\_ Discharge Date \_\_\_\_\_ Union \_\_\_\_\_ Local # \_\_\_\_\_  
Credit Ref. & Acct. #s \_\_\_\_\_

Spouse \_\_\_\_\_ Add. \_\_\_\_\_ Phone \_\_\_\_\_ How Long \_\_\_\_\_  
Employed By \_\_\_\_\_ Add. \_\_\_\_\_ City \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Superior \_\_\_\_\_ Mo. Income \_\_\_\_\_ How Long \_\_\_\_\_  
Married? - When \_\_\_\_\_ Where \_\_\_\_\_ Spouse's Maiden Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Spouse's Vehicle - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_  
Previous Spouse \_\_\_\_\_ Add. \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
Children - Name & Age \_\_\_\_\_ School \_\_\_\_\_  
Mother \_\_\_\_\_ Add. \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
Father \_\_\_\_\_ Add. \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
Spouse's Mother \_\_\_\_\_ Add. \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
Spouse's Father \_\_\_\_\_ Add. \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
Def. Brother \_\_\_\_\_ Add. \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
Def. Sister \_\_\_\_\_ Add. \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
Defendant's Attorney \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Indemnitor \_\_\_\_\_ Add. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security # \_\_\_\_\_ D.L. # \_\_\_\_\_ D.O.B. \_\_\_\_\_ Relation to def. \_\_\_\_\_ Phone \_\_\_\_\_  
Employed By \_\_\_\_\_ Add. \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ How Long \_\_\_\_\_ Superior \_\_\_\_\_ Mo. Income \_\_\_\_\_  
Bank \_\_\_\_\_ Branch \_\_\_\_\_ Account # \_\_\_\_\_ Type \_\_\_\_\_ Balance \_\_\_\_\_  
Spouse \_\_\_\_\_ Add. \_\_\_\_\_ Phone \_\_\_\_\_  
Employed By \_\_\_\_\_ Add. \_\_\_\_\_ Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ How Long \_\_\_\_\_ Superior \_\_\_\_\_ Mo. Income \_\_\_\_\_  
Vehicle - Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_  
Registered Owner \_\_\_\_\_ Legal Owner \_\_\_\_\_ Liens \_\_\_\_\_  
Real Property \_\_\_\_\_ In Who's Name \_\_\_\_\_ How Long \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_ Maps in Book \_\_\_\_\_ Page \_\_\_\_\_  
Value \_\_\_\_\_ Equity \_\_\_\_\_ Financed By \_\_\_\_\_ A.P. No. \_\_\_\_\_  
Credit Ref. & Acct. #s \_\_\_\_\_

I certify that the above is true and correct. I further understand this is an application for a type of credit, and authorize review of my credit history via credit reporting agency checks.

\_\_\_\_\_  
DATE Sign Here → SIGNATURE OF INDEMNITOR

STATEMENT OF INFORMATION REQUIRED BY SECTION 2100, CALIFORNIA REGULATORY CODE, AND WHICH MAY BE REQUIRED IN OTHER STATES

Full name of person supplying information	Name of person negotiating bail	Name of person receiving information
Address	Address	Date and time information received
Connection or relationship to defendant	Connection or relationship to defendant	Manner in which information received
If same was defendant, how did he communicate	Name of licensee who negotiated transaction	Name of other agent involved and commission paid
If writ _____	_____	_____
Name of Attorney	_____	Name and sum paid unlicensed persons and service performed

Was consideration other than money received? YES  NO  If yes, explain and attach statement.

Defendant Information

Your Information

**AGENT INFORMATION:**

**CALL4BAIL BAIL BONDS**  
CA INS LIC #1844999  
970 W.17th St. Unit E  
Santa Ana, CA 92706  
Tel 888.622.4524 Fax 714.707.4319

**PLAIN TALK CONTRACT**

CONTRACT DATE: \_\_\_\_\_  
BOND NUMBER: \_\_\_\_\_  
BOND AMOUNT: \_\_\_\_\_  
PREMIUM PAID: \_\_\_\_\_

I, understand that in signing this bond for obtaining the release of the Defendant,  
\_\_\_\_\_, that I am responsible for him/her  
appearing in Court each time he/she is so ordered; also, if he/she fails to follow any and all  
instructions or orders of the Court or Forfeits this bond, and it becomes necessary to apprehend  
and surrender him/her to the Court, I understand that I am responsible for any and all expenses  
incurred as a result of such forfeiture and further, if such a forfeiture occurs and defendant is not  
surrendered to the Court within the time prescribed by law, I understand that I am required to pay  
the FULL AMOUNT of the bond posted, including any unpaid bail premium.

I further understand that the premium owed and/or paid on this bond is fully earned upon the  
release of the defendant from custody. The fact that the defendant may have been improperly  
arrested, or his/her bail reduced, or his/her case dismissed, shall not obligate the return or  
forgiveness of any portion of the premium.

**IMPORTANT NOTICE:**

I UNDERSTAND THAT COLLATERAL SECURING THE BAIL CANNOT BE RELEASED  
UNTIL ALL BONDS POSTED FOR THE DEFENDANT HAVE BEEN EXONERATED. THERE  
IS A WAITING PERIOD OF APPROXIMATELY 30 DAYS FROM THE DATE THE BOND(S) IS  
EXONERATED BEFORE COLLATERAL CAN BE RETURNED; WE MUST RECEIVE WRITTEN  
NOTICE FROM THE CLERK OF THE COURT.

I am not a paid signer. I have no connection with a Bail Bond Consultant. I have read the above contract  
and understand the obligations, and agree to fulfill ALL of the provisions therein.

_____ Defendant Signature	_____ Defendant Name (Print)
_____ Indemnitor Signature	_____ Indemnitor Name (Print)
_____ Indemnitor Signature	_____ Indemnitor Name (Print)

Sign  
Here →

**TERMS AND CONDITIONS FOR BONDS**

The Surety shall have control and jurisdiction over the Defendant during the terms of the bond. It is understood and agreed upon that the Defendant will adhere to these terms and conditions for this bond period. **Failure to adhere to the terms and conditions will constitute a breach of the Bond Agreement.**

The Surety shall have the right to apprehend and surrender the Defendant into custody with **NO REFUND OF THE PREMIUM**. The Indemnitor will be responsible for the expense of apprehending and surrendering the Defendant into custody.

Any breach of the Bond Agreement shall be considered good cause for Ca114Bail Bail Bonds to exercise their rights to surrender the Defendant to jailor court. Should Call4Bail Bail Bonds choose too or is forced to exercise these rights there will be NO REFUND OF PREMIUMS returned to the Indemnitor(s). The Indemnitor and the Defendant will be held liable for any cost incurred by Ca114Bail Bail Bonds, as a result of the arrest and surrender of the Defendant to jailor court.

1. Defendant is required to "call-in" to Ca114Bail Bail bonds every \_\_\_\_\_, no later than 5:00PM
2. Defendant is to report to the court on time as directed and stay there until excused by the court.
3. Defendant must report to Ca114Bail Bail Bonds when they complete their court appearances, and or receive new court communications / court dates.
4. Defendant must contact Ca114Bail Bail Bonds immediately regarding any changes in address, phone number and employment status.
5. Defendant will contact Ca114Bail Bail Bonds immediately if they are arrested
6. Defendant shall not depart the jurisdictions of the **STATE OF CALIFORNIA** without prior consent of Ca114Bail Bail Bonds.
7. Defendant will report to Ca114Bail Bail Bonds the name of their attorney or public defender *within 30 days* of their release.
8. If any premium is not paid within the agreed upon time as outlined in the Promissory Note, the Defendant will be returned to the jailor court after notification.
9. If it is found that the Defendant or Indemnitor had made a false statement on the application, this will constitute a violation of the Bond Agreement / Contract

I have read or had the terms arid conditions read to me. I fully understand and agree to comply by the terms and conditions. I acknowledge receiving a copy of the terms and conditions. I understand if the defendant fails to comply by these terms and conditions; it will constitute a non-compliance of the Bond Agreement and will result in, me, the Indemnitor incurring additional expenses.

Sign  
Here →

\_\_\_\_\_  
Indemnitor Print Name

\_\_\_\_\_  
Indemnitor Print Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Indemnitor Print Name

\_\_\_\_\_  
Indemnitor Print Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Indemnitor Print Name

\_\_\_\_\_  
Indemnitor Print Name

\_\_\_\_\_  
Today's Date

Date: \_\_\_\_\_

Defendant: \_\_\_\_\_

Jail: \_\_\_\_\_

**IMPORTANT: Read and Initial acknowledging that you understand your obligations as Indemnitor.**

Bond #: \_\_\_\_\_

Bond Amount: \_\_\_\_\_

Premium Amount: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Unpaid Balance: \_\_\_\_\_

Cash Collateral: \_\_\_\_\_

- \_\_\_ 1. I have read and received a copy of the Indemnity Agreement for Surety Bail Bond.
- \_\_\_ 2. This checklist is intended to clarify and further explain your obligations under the Indemnity Agreement which is the entire contract with the bail agency. There are no additional terms nor are there any exemptions to the contract, either in writing or verbally, that limit my responsibility under the Indemnity Agreement.
- \_\_\_ 3. I understand I am responsible to make the payments for money due on the premium as described above. Finance charges are computed on unpaid balances on the 30<sup>th</sup> day of each month at a rate of ten (10%) percent per annum. There is a \_\_\_\_\_ percent late fee on all scheduled payments not received within five (5) business days of the due date.
- \_\_\_ 4. I understand I am responsible for paying the full amount of the bond posted including any interest and costs as ordered by the court if the defendant does not appear in court for every appearance and any other time ordered by the court until the defendant is sentenced or the case is dismissed by the court.
- \_\_\_ 5. A forfeiture of the bail will be entered by the court if the defendant fails to make any court appearance. I understand that if the bond is ordered forfeited and it is not ordered reinstated or exonerated that I must pay the full amount of the bail forfeited to the bail agency.
- \_\_\_ 6. I understand that if it becomes necessary to arrest and surrender the defendant that I am responsible for paying for the cost of the investigation, location and apprehension time; pursuant to Title 10 CCR 206 (c). I will be billed for actual, necessary and reasonable expenses.  
  
Investigation costs will begin to accrue after a court forfeiture or when any co-signor requests the defendant be placed back in custody or when any condition exists as defined in the Indemnity Agreement, specifically, but not limited to Sections Five (5) and Eleven (11). If no investigation costs have been incurred prior to a voluntary surrender of defendant at the jail facility of the court specified on the bail receipt then there will be no investigation costs charged. Reasonable court costs, as described in number Eight (8) of this checklist will be charged if applicable and a receipt will be provided.
- \_\_\_ 7. I understand that if the bail is ordered forfeited by the court that I am responsible to pay court costs and reasonable appearance fees for the bail agency to reinstate or exonerate the bail including legal fees incurred in making application to a court for an order to vacate or to set aside the order of forfeiture or Summary Judgment or any other relief sought.
- \_\_\_ 8. I understand that if I breach the Indemnity Agreement by non payment or any other action as defined by the Agreement, I am responsible for reasonable attorney fees and costs.
- \_\_\_ 9. I understand that collateral securing the bail cannot be released until all bonds posted for the defendant have been exonerated and written notice from the court is provided to the bail agency. I understand that the collateral deposited may be used as payment or reimbursement for any liabilities, losses, costs, damages, and expenses incurred by the bail agency or surety as a result of executing the bail bond(s).
- \_\_\_ 10. I understand that substitution of collateral is done at the discretion of the surety and the bail bonding agency. There are no agreements to substitute collateral at a future date.
- \_\_\_ 11. I understand that it is my responsibility to request return of any collateral provided. The process of returning the collateral may be delayed if the bail agency has to research and verify with the court the status of the case. If I provide written verification from the court of the bond exoneration the process may be faster.
- \_\_\_ 12. I declare that all statements made on the application and the financial statement are true. I agree to notify the bail agency within 48 hours of any changes including, but not limited to, any change of address or employment of either myself or the criminal defendant.
- \_\_\_ 13. I understand that my obligations under the Indemnity Agreement are joint and several. This means that I may be held solely and individually liable for up to the full amount owed for any and all charges, even if there are other cosigners on the agreement.

I have read and understand the above.

Indemnitor Name

Indemnitor Signature

Initials

Sign Here

# Call4Bail Bail Bonds

1.888.6BAIL24/7 Office

1.714.707.4319 Fax

## Credit Card Authorization

I hereby authorize Call4Bail Bail Bonds to charge my credit card for the Bail Bond Premium due, in the amount of

\_\_\_\_\_ **U.S. Dollars**

For the release of

\_\_\_\_\_ **Defendant Name**

Furthermore, I authorize Call4Bail Bail Bonds to charge my credit card up to the total amount of the Bail Bond and any expenses incurred by the company if the defendant fails appear including but not limited to court costs and fees. I understand that once the defendant is released from custody the premium that I have paid is fully earned non refundable,

### Account Information

Card Type: (Please circle) MasterCard Visa Amex Discover

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

The receipt will be sent to this email, leave blank if you do not wish to receive a copy

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

\*3 digits on back of card except for Amex 4 digits on front of card above card number

Cardholder's Printed Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete

