

	PRODUCER: LICENSE No: ADDRESS: PHONE:)\$;
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,QVXUDQFH SURGXFHU 1DPH /LFHQVH 1XPEHU 3K\VLFDQ \$GGUHV V DQG 3KRQH 1

Disclosure Statement

Combining multiple Bail Bonds on this form is prohibited

3RZHU RI \$WWRUQH\ 1XPEHU LI DYDLO	&RXUW &DVH 1XPEHU RUD\$WUHQWGI XPEH
%DLO \$FRXQW	3UHPLXP &KDUJHG
1DPH RI ,QGHPQLWRU	
&ROODWHUDO \$PRXQW	&ROODWHUDO <input type="checkbox"/> &SWK <input type="checkbox"/> 5HDO 3URSHU <input type="checkbox"/> 2WKHU
)XOO 'HVFULSWLRQ RI &ROODWHUDO	
&RXUW 1DPH DQGLRFDWLRQHG	

3XUVXDQW WR † & 5 6 \RXU LQVXUDQFH SURGXFHU RU EDLO LQVXUDQFH FRPSDQ
 ZLWK IRXUWHHQ GD\ RI UHFHLYLQJ D FRS\ RI WKH FRXUW RUGHU WKDW UHVXOWV LQ
 WLV SURFHV\ \RX PD\ GHOLYHU D FRS\ RI WKH FRXUW RUGHU UHVXOWLQJ LQ D UHOHDVH
 SRVHG WKH ERQG ZLWK WKH FRXUW RU WKH EDLO LQVXUDQFH FRPSDQ\ 3XUVXDQW WR †
 SURSHU\ \RXU UHFQYH\ DQFH RI WLWOH FHUWLILFDWH RI GLVFKDUJH RU D IXOO UHOHD
 UHFHLYLQJ QRWLFH WKDW WKH WLPH IRU DSSHDLQJ DQ RUGHU WKDW H[RQHUDWHG WKH E
 ,QVXUDQFH SURGXFHU DUH UHJXODWHG E\ WKH &RORUDGR 'LYLVLRQ RI ,QVXUDQFH 72 (1
 &2//\$7(5\$/ 7+(' ,9,6,21 5(&200(1'6 <28 +\$1' '(,9(5 7+(&285716 %21' ',6&+\$5*(%21' 5(/(\$6(72
 7+(,1685\$1&(352'8&(5 :+2 3267(' 7+(%21' \$1' 2%7\$,1 \$ 5(&(,37)520 7+(,1685\$1&(352'8&(5
 :+2 3267(' 7+(%21' 6+2:,1* 7+('\$7(<28 '(,9(5(' 7+(',6&+\$5*(5(/(\$6(,I \RX GHOLYHU WKH E
 GLVFKDUJH UHOHDVH WR WKH LQVXUDQFH SURGXFHU ZKR SRVHG WKH ERQG E\ PDLO LW L
 UHJHVWHG ZLWK DQRWKHU FHUWLILHG PDLO FRS\ WR WKH EDLO LQVXUDQFH FRPSDQ\

YOU SHOULD RETAIN A COPY OF ALL DOCUMENTS RELATED TO THIS BAIL BOND.

3XUVXDQW WR † & 5 6 WKH LQVXUDQFH SURGXFHU ZKR SRVHG WKH ERQG ZLWK
 FROODWHUDO WR VHFUXH WKH IROORZLQJ REOLJDWLRQV

- ◆ FRPSOLDQFH ZLWK WKH ERQG LVVXH RQ EHKDOI RI WKH GHIHQGDQW ZKLFK PD\ LQ
 GHIHQGDQW VKRXOG WKH GHIHQGDQW IDLO WR DSSHDU IRU DQ\ FRXUW DSSHUDQFH
 GHIHQGDQW\ ERQG
- ◆ DQ\ EDODQFH GXH RQ WKH SUHPLXP FRPPLVLRQ RU IHH IRU WKH ERQG DQG
- ◆ DQ\ UHODWHG FRVWV LQFXUUHG E\ WKH DJHQW DV D UHVXOW RI LVVXLQJ WKH ERQG

READ ALL AGREEMENTS WITH THE INSURANCE PRODUCER CAREFULLY. BE SURE YOU UNDERSTAND ALL OF THE TERMS YOU ARE AGREEING TO.

I have read and understood this Disclosure Statement and consent that the insurance producer in this matter may use my collateral to secure the above obligations.

Signature of defendant or indemnitor	Date Signed
3ULQWDPH RI /LFHQVH QVXUDQFH 6LJQDWK\LFHQVH QVXUDQFH SURGXFHU ,VV 'DWH 6LJQHG 3URGXFMVXLQJ 'LVFORVXU 'LVFORVXU	

Form shall be Deemed Incomplete and Non-Compliant if not filled out correctly and completely.

\$ FRPSOHWHG FRS\ RI WKLV GRFXPHQW PXVW EH NHSW LQ WKH ,QVXUD