UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY 3214 Chicago Drive Hudsonville, Michigan 49426 (800) 874-8742 * (616) 662-4460 FAX	PRODUCER: LICENSE No: ADDRESS: PHONE:

(Insurance Producer name, license number, physical address and phone number must be printed or stamped above)

TRANSLATION AFFIDAVIT

Pursuant to C.R.S. 10-2-705, Bail Bond documents - requirements – rules (1) (VI) If the defendant or indemnitor is illiterate or does not read English, contain a note on the indemnity agreement that the producer or a third party has read or translated the agreement to the defendant or indemnitor and be affixed with an affidavit to the indemnity agreement attesting that the document was translated.

State of Colorado

County of _____

BEFORE ME, the undersigned authority, on this day personally

appeared _____
(Affiant - Insurance Producer)

Who swore on oath that the Bail Bond Application & Bail Bond Contract was translated for

_____ and/or _____
☐ Defendant ☐ Indemnitor ☐ Defendant ☐ Indemnitor

and/or _____
☐ Defendant ☐ Indemnitor

By _____ of _____ Colorado
Translator Printed Name City/County

_____ _____
Translator Signature Phone Number

By _____
ProducerSignature

_____
Notary Public

Notary Seal