 UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY 3214 Chicago Drive Hudsonville, Michigan 49426 (800) 874-8742 * (616) 662-4460 FAX	PRODUCER: LICENSE No: ADDRESS: PHONE:
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(Insurance Producer name, license number, physical address and phone number must be printed or stamped above)

BAIL BOND REVOCATION REQUEST

Combining multiple Bail Bonds on this form is prohibited

Defendant Name	Bail Bond Amount
Court Name (if assigned)	Court Case No. (if assigned)

I, _____ request that the bail bond specified above be revoked.
 (defendant or indemnitor name)

 Defendant or Indemnitor printed name

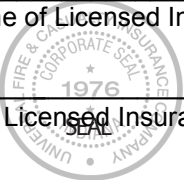
 Defendant or Indemnitor Signature

 Date

 Printed Name of Licensed Insurance Producer

 Signature of Licensed Insurance Producer

 Date



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

A completed copy of this document must be kept in the Insurance Producer's records.