


## Appendix D: Premium Payment Plan Form

 <b>UNIVERSAL FIRE &amp; CASUALTY INSURANCE COMPANY</b> 2850 Dixie Hwy, Ste 100• Waterford, MI 48328 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)

### PREMIUM PAYMENT PLAN

Combining multiple Bail Bonds on this form is prohibited

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

Bail Bond Premium Charged:	
Bail Bond Filing Fee:	
Total Due:	
Amount Paid To Date:	
<b>Balance Owed:</b>	

**This is a Premium Payment Plan for the payment of the remaining balance owed for the issuance and posting of the bail bond described below.**

1. Payment Schedule:

Payment #1:	Amount of Payment \$:		Date payment due:	
Payment #2:	Amount of Payment \$:		Date payment due:	
Payment #3:	Amount of Payment \$:		Date payment due:	
Payment #4:	Amount of Payment \$:		Date payment due:	

(NOTE: There is no requirement in Colorado Revised Statutes limiting the payment schedule to four (4) payments.)

- If a refund of premium is ordered by the Court after the bond is posted, premium will be returned in the amount and within the time specified by the court order. Otherwise, the person(s) signing this Premium Payment Plan must make all payments regardless of whether the bail bond has been revoked, the conditions of the bond have changed or the status of the defendant has changed.
- The person signing below acknowledges receiving a copy of this Premium Payment Plan.

\_\_\_\_\_  
Printed Name of Licensed Insurance Producer  
Issuing Premium Payment Plan

\_\_\_\_\_  
Signature of Licensed Insurance Producer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant/Indemnitor Printed Name

\_\_\_\_\_  
Defendant/Indemnitor Signature

\_\_\_\_\_  
Date

This document shall not constitute a Premium Receipt. To issue a Premium Receipt, please use a "Premium Receipt Form".  
**Every Payment made requires a separate premium receipt.**

*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**