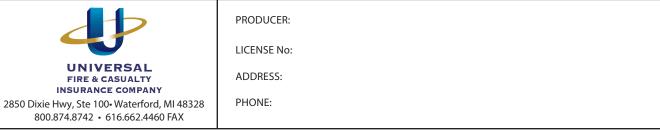
Appendix D: Premium Payment Plan Form



		Combining	multiple Bail Bonds	on this form is prohibited	
		Defendant Name		Bail Bo	ond Amount
Court Name (if assigned))	Court Case No. (if assigned)	
			emium Charged:		
		Bail Bond Fil	ing Fee:		
		Total Due:	I.T. Data		
		Amount Paid Balance Ow			
		Dalance Ow	eu.		
1	Payment Sche	edule:	bond describe	d below.	
1.	,	T			
1.	Payment #1:	Amount of Payment \$:		Date payment due:	
1.	-	Amount of Payment \$: Amount of Payment \$:		Date payment due:	
1.	Payment #1:	-			
1.	Payment #1: Payment #2:	Amount of Payment \$:		Date payment due:	
1.	Payment #1: Payment #2: Payment #3: Payment #4:	Amount of Payment \$: Amount of Payment \$: Amount of Payment \$:	olorado Revised Statut	Date payment due: Date payment due:	le to four (4) payments.)
	Payment #1: Payment #2: Payment #3: Payment #4: (NOTE: T	Amount of Payment \$: Amount of Payment \$: Amount of Payment \$: here is no requirement in Coremium is ordered by the Coby the court order. Otherwis	ourt after the bond is p	Date payment due: Date payment due: Date payment due:	l in the amount and within the must make all payments
2.	Payment #1: Payment #2: Payment #3: Payment #4: (NOTE: T If a refund of ptime specified regardless of whas changed.	Amount of Payment \$: Amount of Payment \$: Amount of Payment \$: here is no requirement in Coremium is ordered by the Coby the court order. Otherwis	ourt after the bond is p se, the person(s) signin sen revoked, the condi	Date payment due: Date payment due: Date payment due: es limiting the payment schedu osted, premium will be returned g this Premium Payment Plan r tions of the bond have changed	l in the amount and within the must make all payments
2. Pr	Payment #1: Payment #2: Payment #3: Payment #4: (NOTE: T If a refund of p time specified regardless of whas changed. The person significant in the	Amount of Payment \$: Amount of Payment \$: Amount of Payment \$: There is no requirement in Control or a con	ourt after the bond is p se, the person(s) signin sen revoked, the condi- receiving a copy of this	Date payment due: Date payment due: Date payment due: es limiting the payment schedu osted, premium will be returned g this Premium Payment Plan r tions of the bond have changed	l in the amount and within the must make all payments

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