

Note: This is an Appearance Bond and cannot be construed as a guarantee for failure to provide payment, alimony payments, fines or wage law claims, nor can it be used as a Bond for Appeal.



**UNIVERSAL FIRE & CASUALTY
INSURANCE COMPANY**

6437 28TH AVENUE, HUDSONVILLE, MI 49426
Phone: 616.662.3900 Fax: 616.662.4460

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)

IN THE _____ COURT
_____ COUNTY, STATE OF _____

THE STATE OF _____
Plaintiff,

vs.

Defendant

No. _____

Know All Men By These Presents:

That we, _____ as Principal and UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY, an Indiana Corporation, as Surety (Identified by attached Power of Attorney No. _____) are held and firmly bound unto the _____

Court, City, County or State

in the sum of _____ Dollars (\$ _____),

for the payment whereof well and truly to be made we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

The condition of this obligation is such that if the said _____, Principal, shall appear at the next Regular or Special term on _____, _____ in the above captioned Court to answer the charge of _____

and shall appear from day to day and term to term of said Court and not depart the same without leave then this obligation to be void, else to remain in full force and virtue. Principal defendant does hereby waive extradition proceedings and agrees to return voluntarily to the state and court of original jurisdiction.

Signed and sealed this _____ day of _____, 20 _____.

Taken before and approved by me:

Name



Principal/Defendant

UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY
(an Indiana Corporation)

By _____

Attorney-in-Fact

Agency Name

Address

City, State, Zip

THIS BOND IS VOID IF USED WITH ANOTHER BOND TO MAKE A SINGLE CASE BAIL AMOUNT, WRITTEN FOR AN AMOUNT GREATER THAN THE POWER OF ATTORNEY ATTACHED HERETO, IF MORE THAN ONE OR OTHER COMPANY POWER IS ATTACHED, OR IF WRITTEN AFTER THE EXPIRATION DATE SPECIFIED ON THE ATTACHED POWER OF ATTORNEY.

**CERTIFICATE OF DISCHARGE BOND
UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY**

POWER NO. _____ BOND AMT. \$ _____

This is to certify that on or about the _____ day of _____, _____ the bond with the corresponding power (bond) number has been discharged of record, Date of Discharge _____.

TO THE CLERK OF THE COURT

Will you please check your records for the bond listed above. When the bond has been exonerated, please enter the date of exoneration, sign and return this form to us at.

By _____

Title _____

Bond Amount _____

Defendant _____

Court _____

Date Posted _____

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)