



**UNIVERSAL FIRE & CASUALTY  
INSURANCE COMPANY**

2850 Dixie Highway., Suite 100 • Waterford, MI 48328 • 800.874.8742 • Fax: 616.662.4460

Posting Agent Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Email: _____

**PROMISSORY NOTE & CREDIT TERMS**

On Demand, without grace, I/We, the undersigned, promise to pay to the order of \_\_\_\_\_ the premium balance due of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) for Bail Bond(s) #'s \_\_\_\_\_ posted on \_\_\_\_/\_\_\_\_/\_\_\_\_ pursuant to obligations set forth in the "Indemnity Agreement" guaranteeing the full payment of premium in consideration for the bail bond(s) posted on behalf of \_\_\_\_\_. Balance is payable in lawful money of the United States of America as proscribed in the "Schedule of Payments" section below.

**PAYMENT INFORMATION**

Total Balance Due: \$ \_\_\_\_\_

Less Down Payment: \$ \_\_\_\_\_ (\*)

Sub-total: \$ \_\_\_\_\_

**Less Additional Down payment(s)  
to be received:** \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Balance Due  
(Insert on Line A):** \$ \_\_\_\_\_

**A. Balance Subject to  
Installment Payments:** \$ \_\_\_\_\_

B. Number of Installments: \_\_\_\_\_

C. Your individual Installment  
amount is: \$ \_\_\_\_\_

Payments Begin on (see schedule below for next pmt.)  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Total of Payments (B x C): \$ \_\_\_\_\_  
(Must Equal A) UNTIL PAID IN FULL

**SCHEDULE OF PAYMENTS**

Pmt No.	Pmt Due Date	Pmt Amount	Pmt Rec. Date	Amt. Recv'd	Within Terms	Status
1.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
10.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
11.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
12.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
13.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
14.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
15.	____/____/____	\$ _____	____/____/____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

In the event that a default in payment occurs, the entire balance becomes immediately due and payable. If legal action is instituted to collect this note, or any portion thereof, the undersigned promises to pay such additional sum(s) as the court may adjudge reasonable and any costs of instituting said suit. I understand that this is an application for a type of credit and I authorize review of my credit history via credit reporting agency inquiries.

**I have read the "Indemnity Agreement" and agree to the terms of this promissory note.**

_____	_____	_____	_____
Indemnitor (Print Name)	Indemnitor Signature	Social Sec. #	Date
_____	_____	_____	_____
Indemnitor (Print Name)	Indemnitor Signature	Social Sec. #	Date

*\*Certain jurisdictions have specific rules regarding accepting payment plans for bail bond premium. Please be sure you are familiar with these regulations and follow them accordingly. Failure to do so may result in unfavorable audit findings and/or an action against your license by the Department of Insurance.*