

6437 28th Ave. Hudsonville, Michigan 49426 (800) 874-8742 • (616) 662-4460 FAX

INDEMNITOR/GUARANTOR CHECKLIST

DA	ATE		BAIL AMOUNT	\$
DE	FENDAN	т	PREMIUM AMOUNT	\$
JA	IL		AMOUNT PAID DOWN	\$
BA	IL BOND	#	CASH COLLATERAL	\$
	1.	I have read and received a copy of the standard Univer	rsal Fire & Casualty Insurance	Company Indemnity Agreement for surety bail bond.
	2.	This Indemnitor/Guarantor Checklist is intended to clar Agreement for surety bail bond.	ify and explain the standard \	Universal Fire & Casualty Insurance Company
	3.	Lunderstand Lam responsible to make the payments	rate of percent p ys of the due date. (Note: The	um as described above. Finance charges are computed on per annum. There is a percent late fee e insurance company is not a party to any premium financing.
	4.	I understand I am required to pay the amount of the ba from all liability on the bonds posted. (States with Ren		
	 5. A forfeiture of the bail will be entered by the court if the defendant fails to make any court appearance. I understand that if the bond is ordered forfeited and it is not ordered reinstated, or exonerated within the time allowed by law, that I must pay the full amount of the bail forfeited plus expenses to the bail agent/agency. 6. I understand I am responsible if it becomes necessary to arrest and surrender the defendant and that I am responsible for paying all reasonable costs incurred for locating, apprehending, transporting and surrendering the defendant to custody. Investigation costs will begin to accrue after a court forfeiture or when any co-signer requests the defendant be placed back in custody or when any condition exists as defined in the bail bond agreement. If no investigation costs have been incurred prior to a voluntary surrender of defendant at the jail facility of the court specified on the bail receipt there will be no investigation cost charged. Reasonable court costs, as described in Paragraph 7 of the checklist, will be charged if applicable and a receipt will be provided. 			
	7.	I understand that if the bail is ordered forfeited by the fees (a minimum of \$) for the		e to pay court costs and reasonable appearance or attorney's exonerate the bail bond if necessary.
	8.	I understand that if I breach the bail bond agreement, for any collection actions taken, including attorneys fe	by non-payment or any others and costs.	er action as defined by the bail agreement, I am responsible
	 I understand that my collateral cannot be released until all bonds posted on my behalf for defendant have been exonerated and written not from the court received by the bail agency. 			
	- 10.	I understand that substitution of collateral is done a agreements to substitute collateral at a future date.	at the discretion of the sure	ty and the bail bonding agency. There are no
	11.	I understand that it is my responsibility to request ret the bail agency has researched the exoneration date a This process may be done faster if I obtain written veri	nd verified the bail bond sta	tus with the appropriate courts.
	12.	This checklist is intended to explain and clarify the stand which is the entire contract with the bail agency. I und to the contract, either in writing or verbally, that limit	derstand that there are no ac	dditional terms nor are there any exemptions
	 13. I declare that all statements made on the application and financial statement are true. I agree to notify the bail agency, within 48 hours of any changes, including but not limited to any change of address, or employment of either myself or the criminal defendant. 14. I understand the obligations under this agreement are joint and several. This means that I may be held solely and individually liable for up to the full amount owed for any and all charges, even if there are other cosigners on the agreement. 			
	15.	15. Agreement of Venue: I agree that if legal action between the parties concerning this bail bond is brought, it shall be brought in and before a federal or state court in		
I HAVE READ, U	NDERSTA	ND AND AGREE WITH THE ABOVE TERMS.		
Signature: _			SIGNATURE:	
NAME (print):			NAME (print):	
RECEIVED COP	Y:			