



**UNIVERSAL FIRE & CASUALTY  
INSURANCE COMPANY**

2905 Wilson Ave. SW., #102, Grandville, MI 49418  
616.662.3900 • 616.662.4460 FAX

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)

**BAIL BOND**

No. \_\_\_\_\_  
(POWER OF ATTORNEY WITH THIS NUMBER MUST BE ATTACHED)

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF \_\_\_\_\_ IN THE \_\_\_\_\_ JUDICIAL DISTRICT

THE PEOPLE OF THE STATE OF CALIFORNIA,  
Plaintiff,

vs.

CASE NO. \_\_\_\_\_

DIV. NO. \_\_\_\_\_

Defendant

Defendant \_\_\_\_\_  
(NAME OF DEFENDANT) (BOOKING NO.)

having been admitted to bail in the sum of \_\_\_\_\_  
Dollars (\$ \_\_\_\_\_ ) and ordered to appear in the above - named court on  
\_\_\_\_\_, 20\_\_\_\_\_, on \_\_\_\_\_  
(DATE / TIME OF APPEARANCE) (STATE "MISDEMEANOR" OR "FELONY" CHARGE(S))

\_\_\_\_\_ charge(s);

Now, UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY, an Indiana Corporation, hereby undertakes that the above named defendant will appear in the above-named court on the date above set forth to answer any charge in any accusatory pleading based upon the acts supporting the complaint filed against him/her and as duly authorized amendments thereof, in whatever court may be filed and prosecuted, and will at all times hold him/herself amenable to the orders and process of the court and if convicted, will appear for pronouncement of judgment or grant of probation, or if he/she fails to perform either of these conditions, that UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY, an Indiana Corporation, will pay to the People of the State of California the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_ ) subject to applicable legal provisions.

If the forfeiture of this bond be ordered by the Court, judgment may be summarily made and entered forthwith against the said UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY, an Indiana Corporation, for the amount of its undertaking herein as provided by Sections 1305 and 1306 of the Penal Code.

**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.**

UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY  
(An Indiana Corporation)

By \_\_\_\_\_  
President - Surety Bail

I certify under penalty of perjury that I am a licensed bail agent of UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY and that I am executing this bond on \_\_\_\_\_

at \_\_\_\_\_  
(DATE) (LOCATION)

\_\_\_\_\_  
(SIGNATURE OF LICENSED AGENT)



THE PREMIUM CHARGED FOR  
THIS BOND IS: \$ \_\_\_\_\_

Approved this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_  
Title

*NOTE: This is an Appearance Bond and cannot be construed as a guarantee for failure to provide payments, back alimony payments, FINES, or Wage Law claims, nor can it be as a Bond on Appeal.*

UFC-0019 Rev. 6/24

**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 exonerated, sign and return this form to us at.

By \_\_\_\_\_  
Title \_\_\_\_\_  
Bond Amount \_\_\_\_\_  
Defendant \_\_\_\_\_  
Court \_\_\_\_\_  
Date Posted \_\_\_\_\_

(PLACE BAIL AGENT'S ADDRESS STAMP HERE)