

INDEMNITY AGREEMENT

Whereas, UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY, hereinafter called the "SURETY", and _____, hereinafter called the "SURETY AGENT", at the request of the undersigned and upon security hereof, have or is about to become surety on an appearance bond for _____ in the sum of _____ (dollars) by its certain bond or undertaking, a copy of which is attached hereto and made part hereof:

NOW THEREFORE, in consideration of the execution by the Company of such bond(s) or undertaking, the undersigned do(es) agree and bind themselves, their legal representatives, successors, and assigns, as follows:

- 1. That the undersigned will have the aforesaid Defendant forthcoming before the above court named in said bond, attached, hereto, at the time herein fixed, and from day to day and term to term thereafter, as may be ordered by said court.
2. That the undersigned will at all times indemnify and save the said SURETY and SURETY AGENT harmless from and against every and all claims, demands, liability, cost, charge, counsel fee, expense, suit, order, judgment or adjudication, whatsoever which the said SURETY or SURETY AGENT shall or may for any cause, at any time, sustain or incur, by reason or in consequence of the said SURETY or SURETY AGENT having executed said bond or undertaking and will upon demand place the said SURETY or SURETY AGENT in funds to meet every claim, demand, liability, cost charge, counsel fee, expense suit, order, judgment or adjudication against it, by reason of such Suretyship, and before it shall be required to pay same.
3. That the voucher or other evidence of such payment made by the said SURETY or SURETY AGENT, by reason of such Suretyship, shall be conclusive evidence of such payment against the undersigned and the undersigned's estate both as to the property thereof, and as to the extent of the liability thereof to said SURETY.
4. That the said SURETY or SURETY AGENT may withdraw from its Suretyship upon said bond or undertaking at any time that they see fit, as provided by law.
5. That said SURETY shall return this agreement at the time it shall be satisfied if the termination of its liability under said bond or obligation, but shall be retained as security for any liability that may at anytime thereafter occur.
6. The undersigned guarantees the payment of every premium on the bond(s) for the above-mentioned Defendant, promptly when due without first requiring SURETY or SURETY AGENT to proceed against the principal. Initials _____
7. If any sum referred to herein remain unpaid ten (10) days after the same becomes due, such payment shall be considered in default and bear interest at the highest rate allowed by law. The SURETY or SURETY AGENT may then foreclose this agreement, notwithstanding any exemptions, which may be available by law and shall be entitled to recover forthwith any deficiency, which may occur.
8. Any default of any mortgage on any property pledged as collateral on this/these bond(s) shall permit the SURETY or SURETY AGENT to surrender the Defendant without the return of premium.
9. That the indemnitors liability to SURETY is not limited to the bond referred to herein, but shall apply to all other bonds or undertakings issued by SURETY at the request of the indemnitors.
10. That the failure of any of the undersigned to comply with the provisions of this agreement of indemnity shall be binding upon the others.

For good and valuable consideration, the undersigned principal hereby agrees to indemnify and hold harmless, the surety company or its agent for all losses not otherwise prohibited by law, or rules of the Department of Financial Services.

CONTINGENT PROMISSORY NOTE

For value received, the undersigned promises to pay to the order of _____ as agent of UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY, (hereinafter "SURETY"), on demand the principle sum of _____ dollars, if and only if the following stated contingency occurs:

Upon the forfeiture, estreature, or breach of the following surety bond(s) UFC FL _____ posted on behalf of _____ (hereinafter "DEFENDANT") in the Circuit/County Court of _____ County, Florida, together with a any continuations and modifications, any extensions, substitutions, increments, or appeals thereof (hereinafter "BOND"); or upon payment of any expenses incurred by the SURETY to produce the DEFENDANT before the appropriate court(s) of competent jurisdiction in the above cause, with interest thereon at the rate of Eighteen Percent, per annum, from the occurrence of the above stated contingency, until fully paid. All makers or endorsers of this NOTE further agree to waive demand, notice of non-payment and protest; and in case suit shall be brought for the collection hereof, or the same has to be collected upon demand of an attorney, the foregoing agrees to pay reasonable attorney's fees and all other costs for making such collection.

Deferred interest payments to bear interest from maturity at Eighteen percent per annum, payable semi-annually.

It is further agreed and specifically understood that this Note shall become null and void at such time as all the obligations under the BOND(S) posted on behalf of DEFENDANT have been fulfilled and the SURETY has been discharged of all liability and duly exonerated thereunder in writing and until such time as same occurs, the note shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Indemnity Agreement and Contingent Promissory Note this _____ day of _____, 20_____.

X _____ Signature

X _____ Signature

STATE OF FLORIDA, COUNTY OF _____

I hereby certify that this day, before me, an officer duly authorized to administer oaths and take acknowledgements, personally appeared _____ known to me the person(s) described herein and who executed the foregoing instrument, who acknowledged before me that executed the same, that I relied upon the form(s) of identification of the above-named person(s) _____.

Witness my hand and official seal in the County and State last aforesaid this _____ day of _____ A.D. 20_____

SEAL

Notary Public Signature

Defendant Name: _____
 Defendant Address: _____
 Defendant Cell: _____
 Defendant Home: _____
 Relationship to Indemnitor: _____

CONSUMER AUTHORIZATION TO RELEASE INFORMATION

I hereby waive any and all rights I have under the *Title 29 Privacy Act*, the *Freedom of Information Act*, the *Fair Credit Reporting Act*, and any such local or state law. I consent to and authorize UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY and _____, as its agent, to obtain any and all public or private information and/or records concerning myself and/or any minor children I may have, from any party or agency, be it private or governmental (local, state, or federal). This includes, but is not limited to: Social Security records; credit reports; court and incarceration records from criminal, civil, and traffic jurisdictions; telephone records; medical records; school records; worker's compensation and disability records; employment records; and social benefit records. I fully and completely authorize, without reservation, any party or agency, be it private or governmental (local, state, or federal) contacted by said Insurance Co., or its Agent, to furnish to them any and all requested records information in their possession concerning myself and/or any minor children I may have.

1. NAME / ADDRESS / PERSONAL INFORMATION

Name: First _____ Middle _____ Last _____ Suffix _____
 Cell Phone _____ Home Phone _____ Email _____
 Social Security # _____ Driver's Lic. # _____ Expire Date _____ State _____
 Date of Birth _____ Place of Birth : City _____ State _____ Are you a U.S. Citizen? YES NO
 Current Address _____ City, State Zip _____
 How long have you lived at your current address? _____ Do you Own Rent Live with Family Live with Friends
 Maiden Name _____ Mailing Address (if different) _____
 Car: Year _____ Make _____ Model _____ Color _____ Tag _____
 Employer Name (Do not write "Self") _____ Work Phone _____
 Your Occupation _____ Length of Employment _____
 Supervisor Name _____ Work Address _____

2. MARITAL STATUS

Single Married Divorced Separated Widowed Partner /Engaged Cohab / Roommate
 Spouse/Cohab/Partner's Name _____ Cell Phone _____
 Spouse/Cohab/Partner's Employer _____ Work Phone _____
 Employers Address _____ Occupation _____
 Spouse/Cohab/Partner's Date of Birth _____ Social Security No. _____

3. CHILDREN (Includes Minor and Adult Children)

Child's Name _____ Age _____ Phone _____ School/Job _____
 Child's Name _____ Age _____ Phone _____ School/Job _____
 Child's Name _____ Age _____ Phone _____ School/Job _____

4. PERSONAL REFERENCES - ALL 3 MUST BE COMPLETED (Do not use employer or children listed previously)

Name _____ Home Number _____
 Address _____ Cell Number _____
 Relation to You _____ How long have you known this person _____
 Name _____ Home Number _____
 Address _____ Cell Number _____
 Relation to You _____ How long have you known this person _____
 Name _____ Home Number _____
 Address _____ Cell Number _____
 Relation to You _____ How long have you known this person _____

How did you hear about us? Repeat Client Walk-In Yellow Pages Mailing Online Attorney Friend/Family Other: _____

Indemnitor Signature _____ Date _____

Witness Signature _____ Date _____

COLLATERAL RECEIPT

DO NOT LOSE THIS RECEIPT

95601

DATE: _____

1. RECEIVED FROM: _____

2. ADDRESS: _____

3. PHONE NO'S: HOME _____ CELL _____ WORK _____

4. The person(s) named on line one (1) above has deposited the collateral or executed the collateral documents checked below:

Indemnity Agreement Promissory Note Mortgage Deed and Promissory Note

Monetary: \$ _____ by: Cash Check Credit/Debit Card

Other Collateral: _____

The above collateral is placed as security on the bond(s) for the following:

5. DEFENDANT: _____

6. BOND AMT: _____ POWER NO'S: _____

7. COURT: _____ OFFENSE(S): _____

UNIVERSAL FIRE & CASUALTY INS. CO.

3214 CHICAGO DRIVE

HUDSONVILLE, MI 49426 (616) 662-3900

RECEIVED BY: _____

Attorney in Fact, in Trust for:

NOTE: Unless a properly drawn, executed, and notarized legal assignment document is accepted and acknowledged by the surety agent and the surety company named above, the collateral listed above will be returned only to the person(s) named on line one (1) above. Collateral, except for those documents the surety must retain as directed by law, will be returned within 21 days after the bail bond(s) has been discharged in writing by the court. The undersigned hereby acknowledge receipt of a copy of this document, a copy of all collateral documents indicated above, and the Informational Notice printed below:

8. X _____ X _____

Depositor's Signature

Depositor's Signature

RECEIPT FOR RETURN OF COLLATERAL

The undersigned hereby surrenders the original of this collateral receipt and acknowledges the return and receipt of all collateral listed above. The collateral has been returned in good and sufficient condition and the depositor(s) hereby relieves the surety agent and the surety company from any further liability or responsibility in relation to the collateral.

Date Returned: _____ Returned By: _____

Received by: _____ Received by: _____

INFORMATIONAL NOTICE

CONDITIONS OF BOND:

- The SURETY, as bail, shall have control and jurisdiction over the principal during the term for which the bond is executed and shall have the right to apprehend, arrest and surrender the principal to the proper officials at any time as provided by law.
- In the event surrender of principal is made prior to the time set for principal's appearances, and for reason other than as enumerated below in paragraph 3, then principal shall be entitled to a refund of the bond premium.
- It is understood and agreed that the happening of any one of the following events shall constitute a breach of principal's obligations to the SURETY hereunder, and the SURETY shall have the right to forthwith apprehend, arrest and surrender principal, and principal shall have no right to any refund of premium whatsoever. Said events which shall continue a breach of principal's obligations hereunder are:
 - If principal shall depart the jurisdiction of the court without the written consent of the court and the SURETY or its Agent.
 - If principal shall move from one address to another without notifying the SURETY or its agent in writing prior to said move.
 - If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond.
 - If principal is arrested and incarcerated for any other offense other than minor traffic violations.
 - If principal shall make any material false statement in the application.

OTHER CONDITIONS: _____

COURT DATE: _____ TIME: _____ PLACE: _____ NO DATE SET

X _____

PRINCIPAL'S SIGNATURE

INDEMNITOR INFORMATION

In addition to the terms and conditions of any Indemnity Agreement or other collateral documents which you have executed this is to notify you that:

- The Indemnitor(s) will have the defendant(s) forthcoming before the court named in the bond, at the time therein fixed, and as may be further ordered by the court.
- The Indemnitor(s) is responsible for any and all losses or costs of any kind whatsoever which the surety may incur as a result of this undertaking. There should not be any costs or losses provided the defendant(s) does not violate the conditions of the bond and appears on time at all required court hearings.
- Collateral will be returned to the person(s) named in the collateral receipt, or their legal assigns, within 21 days after the surety has received written notice of discharge of the bond(s) from the court. It may take several weeks after the case(s) is disposed of before the court discharges the surety bond(s).

NOTICE OF PRIVACY POLICY

Universal Fire & Casualty Insurance Company (hereunder called the SURETY), is committed to protecting the privacy of personal information. In keeping with that philosophy, we have developed a Privacy Policy, set out below, that will ensure the continued protection of your nonpublic personal information and inform you about the measures the SURETY takes to safeguard that information.

Who Is Covered? We provide our Privacy Policy to each customer when they purchase a bail bond through the SURETY. Generally, this means that the Privacy Policy is provided to the customer at the time a bail bond is issued.

Access to Information Access to all nonpublic personal information is limited to those employees who have a need to know in order to perform their jobs. These employees include, but are not limited to, those in departments such as legal, underwriting, claims administration, and accounting

Information Sharing Generally, the SURETY does not share nonpublic personal information that it collects with anyone other than it's policy issuing agency as needed to issue the bail bond as requested by the customer. The SURETY, however, may share information as required by law in response to a subpoena, to a government regulatory agency or to prevent fraud.

Information Security The SURETY, at all times strives to maintain the confidentiality and integrity of the personal information in its possession and has instituted measures to guard against unauthorized access. We maintain physical, electronic and procedural safeguards in compliance with federal standards to protect that information.

FOR COMPLAINTS OR INQUIRES CONTACT

AGENT:
 AGENCY:
 ADDRESS:
 PHONE:

Department of Financial Services
 Bail Bond Section
 200 East Gaines Street
 Tallahassee, FL 32399-0320
 (850) 413-5660

FOR SUPPLYING TO THE UNITED STATES

1. Name of the person or firm to whom the goods are to be delivered:
2. Name of the person or firm to whom the goods are to be delivered:
3. Name of the person or firm to whom the goods are to be delivered:

FOR THE UNITED STATES

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4. Name of the person or firm to whom the goods are to be delivered:

FOR THE UNITED STATES

1088

Universal Fire & Casualty Insurance Company

3214 Chicago Dr. · Hudsonville, MI 49426
Phone: 800.874.8742 · Fax: 616.662.4460

CONFIDENTIAL APPLICATION

WARNING – PLEASE READ FIRST:

Any person who, knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or missing information is guilty of a felony of the third degree.
(All questions must be answered in full.)

I, the undersigned, do hereby apply to **Universal Fire & Casualty Insurance Company**, to act as my bail in the amount of \$ _____
in the _____ court of _____ wherein I am charged with _____

and I agree to the following terms and conditions prescribed by the State Insurance Department.

TERMS AND CONDITIONS

The following terms and conditions are an integral part of this application for appearance bond No(s) _____
dated _____ for which **UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY**
or its agent shall receive a premium in the amount of _____ (\$ _____) Dollars, and the
parties agree that the said appearance bond is conditioned upon full compliance of all said terms and conditions and is a part of said bond and application therefore.

- Universal Fire & Casualty Insurance Company**, as bail, shall have control and jurisdiction over the Defendant during the term for which the bond is executed and shall have the right to apprehend, arrest, and surrender the Defendant to the proper officials at any time as provided by law.
- In the event surrender of Defendant is made prior to the time set for the Defendant's appearances, and for reason other than as enumerated below in paragraph 3, then Defendant shall be entitled to a refund of the bond premium.
- It is understood and agreed that the happening of any one of the following events shall constitute a breach of the Defendant's obligations to **Universal Fire & Casualty Insurance Company** hereunder, and **Universal Fire & Casualty Insurance Company** shall have the right to forthwith apprehend, arrest, and surrender Defendant, and Defendant shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of Defendant's obligation hereunder are:
 - If Defendant shall depart the jurisdiction of the court without the written consent of the court and **Universal Fire & Casualty Insurance Company**, or its agent.
 - If Defendant shall move from one address to another without notifying **Universal Fire & Casualty Insurance Company**, or its agent in writing prior to said move.
 - If Defendant shall commit any act which shall constitute reasonable evidence of Defendant's intention to cause a forfeiture of said bond.
 - If Defendant is arrested and incarcerated for any offence other than a minor traffic violation.
 - If Defendant shall make any material false statement in the application.

1. NAME AND ADDRESS

Name: First _____ Middle _____ Last _____ Suffix _____
Cell Phone _____ Home Phone _____ Email _____
Social Security # _____ Driver's Lic. # _____ Expire Date _____ State _____
Current Address _____ City, State Zip _____
Maiden Name _____ Mailing Address (if different) _____

2. PERSONAL DESCRIPTION / MARKS

Height _____ Weight _____ Eye Color _____ Hair Color _____ Race _____ Sex: Male Female
Date of Birth _____ Place of Birth: City _____ State _____ Are you a U.S. Citizen? YES NO
Scars / Tattoos / Marks: _____

3. EMPLOYMENT

Company Name (Do not write "Self") _____ Work Phone _____
Your Occupation _____ Length of Employment _____
Supervisor Name _____ Work Address _____
Previous Employer _____ Work Address _____

4. MARITAL STATUS

Single Married Divorced Separated Widowed Partner/Engaged Cohab / Roommate
Spouse/Cohab/Partner's Name _____ Cell Phone _____
Spouse/Cohab/Partner's Employer _____ Work Phone _____
Employers Address _____ Occupation _____
Spouse/Cohab/Partner's Date of Birth _____ Social Security No. _____

5. CHILDREN

Child's Name _____ Age _____ Phone _____ School/Job _____
Child's Name _____ Age _____ Phone _____ School/Job _____
Child's Name _____ Age _____ Phone _____ School/Job _____
Child's Name _____ Age _____ Phone _____ School/Job _____

For good and valuable consideration, the undersigned principal hereby agrees to indemnify and/or hold harmless, **Universal Fire & Casualty Insurance Company**, or its Agent for any and all losses not otherwise prohibited by law, or rules and regulations promulgated under any applicable statute.

In addition, the Defendant hereby authorizes and directs his relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue, the State Department of Disability Insurance, the United States Armed Forces, the State Division of Motor Vehicles, all Municipal, County, State and Federal Law Enforcement Agencies and any other persons or organizations having information concerning the Defendant's whereabouts to give such information to **Universal Fire & Casualty Insurance Company** and its assigns and/or duly authorized representatives. The Defendant understands that any information obtained will be used for the purpose of securing his or her appearance and/or apprehension for Court appearance, and for the purpose of securing reimbursement for any expenses incurred as a result of Defendants non-appearance. The Defendant hereby waives his or her rights with respect to the Privacy Act and authorizes the use of copies of this document by **Universal Fire & Casualty Insurance Company** and its assign and or duly authorized representatives.

In witness whereof, the said Applicant has hereunto signed and sealed these presents this _____ day of _____, 20_____.

Signature of Applicant _____ Witness Signature _____
Printed Name of Applicant _____ Printed Name of Witness _____

6. CAR / CREDIT REFERENCES

Car: Year _____ Make _____ Model _____ Color _____ Tag _____
Where Financed? _____ Amount Owed _____
Bank Name _____ Account Type(s) Checking Savings Money Market
Credit Card Company Name _____ Account Type Visa Mastercard _____
Credit Card Company Name _____ Account Type Visa Mastercard _____

7. RESIDENCE INFORMATION

How long have you lived at your current address? _____ Do you Own Rent Live with Family Live with Friends
Name on Deed of home _____ Landlord/Mortgage Company Name _____
Phone number of Landlord/Mortgage Company _____

8. ATTORNEY

Attorney Name _____ Law Firm _____
Address _____ Phone Number _____

9. FAMILY INFORMATION

Father's Name _____ Home Number _____
Address _____ Cell Number _____
Employer _____ Work Number _____
Mother's Name _____ Home Number _____
Address _____ Cell Number _____
Employer _____ Work Number _____
Sibling's Name _____ Home Number _____
Address _____ Cell Number _____
Employer _____ Work Number _____
Grandparent's Name(s) _____ Home Number _____
Address _____ Cell Number _____
Employer _____ Work Number _____

10. PERSONAL REFERENCES - ALL 3 MUST BE COMPLETED (DO NOT USE FAMILY LISTED ABOVE OR EMPLOYER)

Name _____ Home Number _____
Address _____ Cell Number _____
Relation to You _____ How long have you known this person _____
Name _____ Home Number _____
Address _____ Cell Number _____
Relation to You _____ How long have you known this person _____
Name _____ Home Number _____
Address _____ Cell Number _____
Relation to You _____ How long have you known this person _____

11. ADDITIONAL INFORMATION

Are you currently on another bond (other than this one)? Yes No If yes, with whom? _____
Are you currently on Probation? Yes No If yes, which County? _____
List all other Counties/States that you have been arrested in: _____

Signature of Applicant _____

Printed Name of Applicant _____