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INDEMNITOR/GUARANTOR CHECKLIST

Lexington National Insurance Corporation

Insurance Corporation		ce Corporation	BOND	
P.O. Box 6098 Lutherville, MD 21094 (410) 625-0800		erville, MD 21094	NO.: ————————————————————————————————————	
			Premium Amount: \$	
Date	: _		Amount Paid Down: \$	
Defendant	: _		Unpaid Balance: \$	
Jail	: _		Cash Collateral: \$	
(INITIAL)				
	1.	I have read and received a copy of the standard so	urety bail bond agreement.	
	2.	This indemnitor/guarantor checklist is intended agreement.	d to clarify and explain the standard surety bail bond	
	3.	I understand I am responsible to make the payments for money due on the premium as described above. Finance charges are computed on unpaid balances on the 30th day of each month at a rate of ten percent per annum. There is a percent late fee on all scheduled payments not received within five days of the due date.		
	4.	I understand I am responsible for paying the full amount of the bond posted if the defendant does not appear in court, for every appearance and any other time ordered by the court, until defendant is sentenced or the case is dismissed by the court.		
	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, that I must pay the full amount of the bail forfeited to the bail agency.		
	6.	I understand I am responsible if it becomes necessary to arrest and surrender the defendant. That I am responsible for paying for investigation, location and apprehension time; this is billed at a rate of \$ per hour per investigator plus expenses or percent of bond whichever is greater.		
		be placed back in custody or when any condition but not limited to Sections Five and Eleven. It voluntary surrender of defendant at the jail facility	rt forfeiture or when any co-signer requests the defendant exists as defined in the bail bond agreement, specifically, f no investigation costs have been incurred prior to a of the court specified on the bail receipt there will be no sts, as described in Paragraph 7 of this checklist, will be d.	
	7.		y the court, that I am responsible to pay court costs and) for the bail agency to reinstate or exonerate the bail	
	8.	I understand that if I breach the bail bond agreement, by non payment or any other action as defined by the bail agreement, I am responsible for any collection actions taken, including attorney fees and costs. Attorney's fees are a minimum of \$ an hour. If any collection action needs to be taken a minimum \$ fee will be charged.		
	9.	I understand that collateral can not be released u been exonerated, and written notice from the cour	ntil all bonds posted on my behalf for the defendant have t provided to the bail agency.	
	10.	I understand that substitution of collateral is do agency. There are no agreements to substitute col	ne at the discretion of the surety and the bail bonding lateral at a future date.	
	11.	of return of collateral until the bail agency has re	t return of any collateral provided. There may be a delay searched the exoneration date and verified the bail bond ay be done faster if I obtain written verification of the bond il agency.	
	12.		the standard bail agreement, which is the entire contract as nor are there any exemptions to the contract, either in the bail agreement.	
	13.		tion and financial statement are true. I agree to notify the including but not limited to any change of address or dant.	
	14.		nt is joint and several. This means that I may be held ount owed for any and all charges, even if there are other	
	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 County in the State of		
• •		AVE READ AND AGREE WITH THE ABOVITY RESPONSIBILITIES AND OBLIGATION		
SIGNATURE:			SIGNATURE:	
NAME (print):			NAME (print):	
Received	-	y:		