

LEXINGTON NATIONAL INSURANCE CORPORATION

P.O. Box 6098
Lutherville, MD 21094

CONTINGENT PROMISSORY NOTE

\$ _____, Date: _____ City/State: _____

On demand after date, for value received, the undersigned, jointly and severally if more than one, promise to pay to the order of Lexington National Insurance Corporation _____ DOLLARS, at _____ with interest thereon at a rate of 18 percent, per annum from call date until fully paid. Interest payable semi-annually. The maker(s) and each endorser (if any) of this contingent promissory note agrees 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 any attorney, to pay reasonable attorney's fees and assessable costs, for making such collection. Deferred interest payments to bear interest from maturity at 18 percent, per annum, payable semi-annually.

It is further agreed and specifically understood that this contingent promissory note shall become null and void in the event the said defendant, _____ shall appear in the proper court at the time or times so directed by the Judge or Judges of competent jurisdiction and until the obligations under the appearance bond or bonds posted on behalf of the defendant have been fulfilled and the surety discharged of all liability thereunder, otherwise to remain in full force and effect.

Witness _____ (Seal)

Date _____ (Seal)

INDEMNITY AGREEMENT

WHEREAS, LEXINGTON NATIONAL INSURANCE CORPORATION, a Maryland corporation (hereinafter called the SURETY), at the request of the undersigned, and upon the security hereof, has or is about to become SURETY on an appearance bond for _____ in the sum of _____ Dollars by its certain bond or undertaking, which bond or undertaking and the application made to the SURETY and/or its Agent in connection therewith are expressly incorporated herein:

NOW THEREFORE, in consideration of the premises and the sum of one dollar in hand paid, receipt whereof by each of us is hereby acknowledged, the undersigned, jointly and severally if more than one, do hereby undertake, agree and bind themselves, their legal representatives, successors and assigns, as follows:

1. That the undersigned will have the aforesaid _____ forthcoming before the above court named in said bond, at the time therein fixed, and from day to day and term to term thereafter, as may be ordered by said court. The undersigned represent and warrant that all information provided in connection with the application for the said bond or undertaking is true and correct.

2. That the undersigned will at all times indemnify and save the said SURETY harmless from and against every and all claim, demand, liability, cost, charge, counsel fee, expense, suit order, judgement or adjudication whatsoever which the said SURETY shall or may for any cause at any time sustain or incur, by reason or in consequence of said SURETY having executed said bond or undertaking, and will, upon demand, place with the said SURETY the requisite funds to meet every claim, demand, liability, cost, charge, counsel fee, expense, suit, order, judgement or adjudication against it, by reason of such Suretyship, and before it shall be required to pay the same.

3. That the voucher or other evidence of any payment made by the said SURETY, 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 the said SURETY.

4. That the said SURETY may withdraw from its Suretyship upon said bond or undertaking at any time that it may see fit, as provided by law.

5. That the agreement shall not be returned by the said SURETY at the time it shall be satisfied of 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. That the failure of any of the undersigned to comply with the provisions of this agreement of indemnity shall be binding upon the others.

7. In connection with the said bond or undertaking, including but not limited to, verifying information provided and/or obtaining information for reimbursement pursuant to the indemnity obligation herein contained, the undersigned, jointly and severally, do hereby waive any and all rights they may have under Title 28 Privacy Act-Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law, and the undersigned further consent to and authorize the SURETY, and/or its Agent, to obtain any and all private or public information and/or records concerning the undersigned from any party or agency, private or governmental (local, State, Federal), including, but not limited to, credit reports, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, school records, worker compensation records, and employment records. Each authorizes, without reservation, any party or agency, private or governmental (local, State, Federal), contacted by SURETY, and/or its Agent, to furnish any and all private and public information and records in their possession concerning the undersigned to SURETY, and/or its Agent, and directs that a copy of this document shall serve as evidence of said authorization.

8. If any provision or provisions of this instrument be void or unenforceable under the laws of any place governing its construction or enforcement, this instrument shall not be void or vitiated thereby but shall be construed and enforced with the same effect as though such provision or provisions were omitted.

SIGNED, SEALED AND DELIVERED at _____, this _____ day of _____, A.D., _____

WITNESSES

Sign: _____ (seal)

Print: _____ Print: _____

Sign: _____ (seal)



BLANDON BAIL BONDS, INC.
8399 NW 72ND AVENUE
SUITE 218
MIAMI, FL 33122
305-597-4595
BLANDONBAILBONDS.COM

COLLATERAL RECEIPT AND INFORMATIONAL NOTICE

DO NOT LOSE THIS RECEIPT

DATE: _____

RECEIPT NO.: **C-FL-645327**

1. RECEIVED FROM: _____

2. ADDRESS: _____

3. PHONE NOS.: HOME _____ JOB _____ SOC. SEC.# _____

4. The person(s) named on line one (1) above has deposited the collateral or executed the collateral documents check below: Collateral to be held by: () M.G.A. () Bail Agent () Insurer

() Indemnity Agreement () Promissory Note () Mortgage Deed and Promissory Note

() Money in the amount of \$ _____ dollars by:

() Cash: \$ _____ AND/OR () Check No. _____, in the amount of \$ _____

() Other collateral: _____

The above collateral is placed as security for the bond(s) and for lawful costs incurred due to underwriting the bond(s) for the following:

5. DEFENDANT: _____

6. BOND AMOUNT: _____ POWER NOS. _____

7. COURT: _____ OFFENSE(S): _____

RECEIVED BY: _____ LEXINGTON NATIONAL INSURANCE CORP.

Attorney in Fact, in Trust for:

P.O. Box 6098 • Lutherville, MD 21094

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 the law, will be returned within 21 days after the bail bond(s) has been discharged in writing by the court and all lawful costs incurred by the surety have been paid in full. 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 _____

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.

9. DATE: _____ I/We have received the items listed below:

TOTAL AMOUNT RETURNED \$ _____

Other collateral returned _____

Received by: _____ Received by: _____

INFORMATIONAL NOTICE

CONDITIONS OF BOND

1. 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.
2. 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.
3. 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 constitute a breach of principals' obligations hereunder are:
 - (a) If principal shall depart the jurisdiction of the court without the written consent of the court and the SURETY or its Agent.
 - (b) If principal shall move from one address to another without notifying the SURETY or its Agent in writing prior to said move.
 - (c) If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond.
 - (d) If principal is arrested and incarcerated for any other offense other than a minor traffic violation.
 - (e) 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:

1. 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.
2. 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, and any collateral or indemnity give shall also guarantee the payment of all lawful costs incurred by the surety. 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

INDEMNITOR APPLICATION



Full Name: _____ Cell #: _____
 Home Address: _____ Home #: _____
 City: _____ State: _____ Zip Code: _____
 Social Security No: _____ Date of Birth: _____
 Drivers License No/State: _____ Race: _____
 Place of Employment: _____ Title: _____ Phone No #: _____
 Address of Employment: _____ Length of Employment: _____
 Marital Status: _____ Spouse Name: _____ Spouse Telephone No. #: _____
 Own Property: Home: _____ Boat: _____ Auto: _____ Land: _____ Other: _____
 Auto: Year: _____ Make: _____ Model: _____ Color: _____ Tag No. _____
 Reference ¹ Name: _____ Tel #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Reference ² Name: _____ Tel #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Reference ³ Name: _____ Tel #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Defendants Full Name: _____
 Relationship to Defendant: _____ Length of Time Knowing Defendant: _____

I HEARBY CERTIFY THAT I HAVE PROVIDED THE ABOVE INFORMATION AND FREELY AND VOLUNTARILY ACCEPT THE RESPONSIBILITY AS THE INDEMNITOR FOR THE BELOW NAMED DEFENDANT TO PERSONALLY APPEAR IN THE DESIGNED COURT ON THE DATE AND AT THE TIME SET BY THE COURT. I UNDERSTAND THAT IN THE EVENT THAT THE DEFENDANT FAILS TO APPEAR IN COURT AS REQUIRED AND IS NOT SURRENDERED WITHIN SIXTY (60) DAYS, I WILL BE PERSONALLY RESPONSIBLE TO BLANDON BAIL BONDS FOR THE FULL AMOUNT OF THE SURETY BOND AND ANY OTHER FEES AND EXPENSES.

Indemnitor Signature: *(Signature)* Date: _____

BLANDON BAIL BONDS

3399 NW 72 AVE.
MIAMI, FL 33122 SUITE 218

Date _____

Transaction for Bond on: _____ Date of Birth: _____

Bond Amount: \$ _____ City/County/State: _____

Name of Card Holder: _____

Card Billing Address: _____ Apt# _____

City/State/Zip: _____ (Billing Zip Code Required)

Email Address: _____

Telephone No. _____ Cell No. _____

Credit Card No. _____ Exp Date: _____ CVV No. _____

Amount of Today's Charge (written out) _____ Dollar \$ _____

Card Type: Visa MC Discover Amex Other _____

I hereby authorize the charging(s) of my credit card as indicated.

By signing this credit card authorization form you are also granting us permission to charge your card and the use of your signature on file for any additional charges that may arise in the future pertaining to your obligations as an indemnitor for this \$ _____ bail bond(s). The undersigned accepts and agrees to all of the bond terms and financial obligations as stated in the bail bond indemnity agreement and acknowledge that they are a part of this credit card authorization form for future charges. I agree to indemnify and hold harmless the surety or its agent for all losses in connection with this bond(s) not otherwise prohibited by law. Facsimile copy is considered as if an original.

NOTE: Charges are subject to a processing fee of 3% that will be subtracted from any refund or returns owed. An additional \$150.00 application posting processing fee may be applied for any cancellation. Premium is fully earned upon the posting of the bond(s) with the jail or court.

I HAVE READ AND AGREE TO ALL OF THE ABOVE TERM AND CONDITIONS

Card Holders Signature:  _____

For office use only below section to be completed by card merchant agent.

AUTH# _____ AGENT _____ DATE/TIME _____ SNCC/NRIC/FIC/AMCC/RSCC/FCS _____



(305) 597-4595 (Office) (305) 597-4556 (Fax)
www.BlandonBailBonds.net