

**INTERNATIONAL FIDELITY
INSURANCE COMPANY**

P.O. BOX 9810
CALABASAS, CA 91372-9810
TELEPHONE (800) 935-2245 FAX (818) 449-7100

PLAIN TALK CONTRACT

Contract Date: _____

Power #: _____

Bond Amount: _____

Premium Amount: _____

You understand by signing this bail bond agreement for the release from custody (jail) of defendant, _____ that you are **personally** responsible for him/her appearing at Court each time he/she is ordered to do so.

If the defendant fails to appear in Court as ordered, you are responsible for any and **ALL** expenses incurred as a result of the Defendant's failure to appear, including the **costs to apprehend and surrender the defendant back to custody.**

If the Court forfeits the bail bond for the non-appearance at Court of the defendant, you are required to pay the **FULL AMOUNT OF THE BAIL BOND.**

You further understand that the premium you owe and/or paid on this bail bond is fully earned by the bail surety when the defendant is released from custody. The fact that the defendant may have been improperly arrested or his/her bail reduced or his/her case dismissed, does **NOT** obligate the return or forgiveness of any portion of the premium you paid or owe.

IMPORTANT NOTICE:

There is a waiting period of approximately 30 days from the date the bail bond is exonerated until we can return to you the collateral you posted for the bail. To return your collateral, we must receive written notice from the Clerk of the Court of the exonerated of the bail bond.

You confirm to us that you have not been paid to sign this contract and you are not (and have no connection with) a bail bond consultant. By signing below, you agree that you have read and understand this contract, and agree to perform all of its obligations. There are other contracts and forms you have signed for this bail bond and this contract is part of all other contracts/forms you have signed.

Signed: _____
INDEMNITOR

DATE

AGENT

DATE

