

	American Contractors Indemnity Company 9841 Airport Blvd., 9th Floor Los Angeles, CA 90045 (310) 649-2663	BOND No.:	
		Bail Amount: \$ Premium	
Date:		Amount: \$	
		Paid Down: \$	
		Unpaid Balance: \$ Cash Collateral: \$	
INITIAL		Collateral. \$\psi\$	
HERE 1.	I have read and received a copy of the standard surety bail bo	nd agreement	
1.	This indemnitor/guarantor checklist is intended to clarify and e	•	
3.	I understand I am responsible to make the payments for more charges are computed on unpaid balances on the 30th day. There is a \$25.00 late fee on all scheduled payments not in	ey due on the premium as described above. Finance of each month at a rate of ten percent per annum.	
4.	I understand I am required to pay the amount of the bail premium every year, in advance hereafter, until the surety is legally discharged from all liability on the bonds posted.		
5.	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.		
6.	A forfeiture of the bail will be entered by the court if the understand that if the bond is ordered forfeited and it is not o full amount of the bail forfeited to the bail agency.		
7.	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 _\$85.00 per hour per investigator plus expenses or15% percent of bond whichever is greater.		
	Investigation costs will begin to accrue after a court forfeiture placed back in custody or when any condition exists as defir limited to Sections Five and Eleven. If no investigation costs defendant at the jail facility of the court specified on the bail Reasonable court costs, as described in Paragraph 8 of this will be provided.	ned in the bail bond agreement, specifically, but not have been incurred prior to a voluntary surrender of receipt there will be no investigation cost charged.	
8.	I understand that if the bail is ordered forfeited by the co reasonable appearance fees (a minimum of \$_\$200)for the if necessary.	urt, that I am responsible to pay court costs and ne bail agency to reinstate or exonerate the bail bond	
9.	I understand that if I breech the bail bond agreement, by non agreement, I am responsible for any collection actions taken are a minimum of\$275.00 on hour. If any collection fee will be charged.		
10.	I understand that collateral can not be released until all bond exonerated, and written notice from the court provided to the b		
11.	I understand that substitution of collateral is done at the dis There are no agreements to substitute collateral at a future da		
12.	I understand that it is my responsibility to request return of an of collateral until the bail agency has researched the exoner appropriate courts. This process may be done faster if I obtain court and provide it to the bail agency.	ation date and verified the bail bond status with the	
13.	This check list is intended to explain and clarify the standard bail agency. There are no additional terms nor are there a verbally, that limit my responsibility under the bail agreement.		
14.	I declare that all statements made on the application and fin agency, within 48 hours of any changes, including but not I		

_ 16. 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 <u>- - - - Orange - - - -</u> County in the State of <u>- - - - California - - - -</u>.

_ 15. I understand the obligation under this agreement is joint and several. This means that I may be held solely and individually liable for up to the full amount owed for any and all charges, even if there are other cosigners on the

either myself or the criminal defendant.

<u>Gamorria</u>		
** I HAVE READ AND AGREE WITH THE RESPONSIBILITIES AND OBLIGATIONS A	E ABOVE DECLARATIONS AND UNDERSTA AS INDEMNITOR/GUARANTOR.**	and My
SIGNATURE:	SIGNATURE:	
NAME (print):	NAME (print):	
Received copy:		
	A	CIC-CACD-CL

INDEMNITOR/GUARANTOR

CHECKLIST