

UNITED STATES FIRE INSURANCE COMPANY
11490 Westheimer Rd , Suite 300 77077
P.O. Box 2807 · Houston, Texas 77252-2807
(713) 954-8100 · (713) 954-8389 FAX

BAIL SURETY DISCLOSURE STATEMENT

Bail Agency: _____
Bail Agency #: _____ Defendant: _____
Bond Number: _____ S.S. #: _____
Bond Amount: _____ D.O.B.: _____

ATTENTION

DISCLOSURE OF LIEN AGAINST REAL PROPERTY.
DO NOT SIGN THIS DOCUMENT UNTIL YOU READ AND UNDERSTAND IT.
THIS BAIL BOND WILL BE SECURED BY REAL PROPERTY YOU OWN OR IN WHICH YOU
HAVE AN INTEREST. THE FAILURE TO PAY THE BAIL BOND PREMIUMS WHEN DUE OR THE
FAILURE OF THE DEFENDANT TO COMPLY WITH THE CONDITIONS OF THE BAIL COULD
RESULT IN THE LOSS OF YOUR PROPERTY!

After you have read the above Disclosure Statement and received a completed copy of the Bail Bond Agreement and the mortgage deed and/or Deed of Trust, please execute this Disclosure Statement in the space provided below, acknowledge that you have read and understood this Disclosure Statement and that you have received a completed copy of Bail Bond Agreement and Mortgage Deed and/or Deed of Trust. You will be asked to execute this document again, in the corresponding space provided below, upon delivery to you of a full Satisfaction of Mortgage and/or Full Reconveyance, which, upon recordation terminates the lien on your real property created by the Mortgage Deed and/or Full Reconveyance.

I HAVE READ AND UNDERSTAND THE ABOVE DISCLOSURE STATEMENT AND HAVE RECEIVED A COMPLETED COPY OF THE BAIL BOND AGREEMENT AND MORTGAGE DEED AND/OR DEED OF TRUST.

Print Name: _____ Print Name: _____
Sign Name: _____ Sign Name: _____
Date: _____ Date: _____

I HAVE RECEIVED A SATISFACTION OF MORTGAGE, A CERTIFICATE OF DISCHARGE, OR A FULL RELEASE OF ANY LIEN AGAINST REAL PROPERTY TO SECURE

Print Name: _____ Print Name: _____
Sign Name: _____ Sign Name: _____
Date: _____ Date: _____

UNPAID PREMIUM AGREEMENT

Defendant Name: _____ Date: _____

Bail Amount: _____

Jail: _____

Total Sale Amount: \$ _____

Less Amount Paid Down: \$ _____

BALANCE DUE: \$ _____

The undersigned promises to pay the Balance Due of \$ _____

in _____ installments of \$ _____ each,

with the first installments due as follows: _____

I have deposited as security against this premium balance: _____

I (we) have obtained a bail bond for the release of the above defendant and I (we) promise to pay the Balance Due as prescribed above. I (we) understand that if my payments are not received at the address stated below within five days of the scheduled due date, I (we) will be charged a ten percent (10%) late charge based on the scheduled payment amount. Should my account become over 30 days past due, a demand for full payment may be made at that time. Any and all legal/ collection fees associated to my account will be my responsibility.

All payments should be mailed to:

I HAVE READ AND AGREE WITH THE ABOVE DECLARATIONS

Signature: _____ Signature: _____

Print: _____ Print: _____

Date: _____ Date: _____

Signature: _____ Signature: _____

Print: _____ Print: _____

Date: _____ Date: _____

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AGREEMENT FOR SURETY BAIL BOND

Offense _____ Case # _____ Power # _____ Amount _____
Offense _____ Case # _____ Power # _____ Amount _____
Offense _____ Case # _____ Power # _____ Amount _____
Offense _____ Case # _____ Power # _____ Amount _____

I have read and had explained to me and understand the following terms and conditions of **UNITED STATES FIRE INSURANCE COMPANY** (hereinafter called "**COMPANY**") executing the above-listed Surety bail bonds on my behalf:

1. **COMPANY** shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the Court and **COMPANY**, as provided by law.

2. It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to **COMPANY** and that **COMPANY** and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s):

- a. If I depart the jurisdiction of the Court without the written consent of the Court and **COMPANY** or its Agent.
- b. If I shall move from one address to another or change my phone number without notifying **COMPANY** and/or its Agent.
- c. If I commit any act which shall constitute reasonable evidence of my intention to cause a forfeiture of my bail bond(s).
- d. If I am arrested and incarcerated for any offense other than a minor traffic violation.
- e. If I make any material false statement in my Bail Bond Application and Contract with **COMPANY**.

3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by **COMPANY** for any reason, and I am captured by **COMPANY** and/or its Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted, I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as necessary to effect such return.

4. I hereby waive any and all rights I may have under Title 28 Privacy Act - Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize **COMPANY** and/or its Agent to obtain any and all private or public information and/or records concerning me from any party or agency, private or governmental (local, State, Federal), including, but not limited to, Social Security records, criminal records, civil records, driving records, telephone records, medical records, school records, workers compensation records, and employment records. I authorize, without reservation, any party or agency, private or governmental (local, State, Federal), contacted by **COMPANY** and/or its Agent to furnish any and all private and public information and records in their possession concerning me to **COMPANY** and/or its Agent.

Signature of Defendant

Date of Birth

Social Security Number

Printed Full Legal Name

Address

Signature of Witness

CITY STATE ZIP CODE

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____

My Commission Expires: _____

Notary Public