

 <p><b>TOKIOMARINE HCC</b></p> <p>U.S. SPECIALTY INSURANCE COMPANY 601 South Figueroa Street, Suite 1600 Los Angeles CA 90017 phone: main 800 680 2245 email address: <a href="mailto:bailbonds@tmhcc.com">bailbonds@tmhcc.com</a></p>	<p>BAIL PRODUCER: [stamp must include name, address, email, phone no. and license no.]</p>
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**BAIL BOND FORM – APPEARANCE ONLY (also known as FORM 702)**

STATE OF MINNESOTA, *Plaintiff*  
v.

Court File No.: \_\_\_\_\_

\_\_\_\_\_, *Defendant*

Filed in \_\_\_\_\_ County District Court

Bond Amount \_\_\_\_\_ (\$ \_\_\_\_\_)

Charges including amendments and lesser included charges) \_\_\_\_\_

**BOND OBLIGATION AND CONDITIONS**

The Defendant, as Principal, \_\_\_\_\_ (print name)  
and \_\_\_\_\_ (print name), as Surety, hereby agree and acknowledge that they are indebted to pay to the above named District Court the Bond Amount if the Defendant fails to personally appear in Court at such times and on such dates as specified by the Court to answer the charge(s) identified in this Bond, including any amendments of these charges or lesser included charges.

The obligation of the Surety becomes null and void upon the occurrence of any of the following events:

1. The dismissal of the charge(s) identified on this form and accompanying Bond;
2. The finding or verdict that Defendant is not guilty of the charge(s) identified on this form and accompanying Bond; or
3. The sentencing of Defendant (whether imposed or stayed) with respect to the charge(s) identified on this form and accompanying Bond.

This is an appearance bond only and does not guarantee compliance with conditional release requirements imposed upon the Defendant by the Court. This bond shall not be used for payment of any fines, surcharges, costs, or other financial obligation(s) imposed upon the Defendant by the Court.

\_\_\_\_\_  
Defendant/Principal signature Printed Name Date

\_\_\_\_\_  
Witness to Defendant's/Principal's signature Printed Name Date

\_\_\_\_\_  
Attorney in Fact for Surety Company (Bail Bond Agent) signature Printed Name Date

**ACKNOWLEDGMENT OF SURETY RELATIONSHIP**

**This instrument remains valid for 180 days after the date signed below by the Bail Bond Agency (e.g., Owner/President/CEO).**

This instrument acknowledges that the above-named Attorney in Fact, \_\_\_\_\_ (print name) is employed by \_\_\_\_\_ (Bonding Agency) and is authorized to post bonds on behalf of \_\_\_\_\_ (Surety Company).

\_\_\_\_\_  
Bail Bond Agency (e.g., Owner/President/CEO) Job Title Date

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public My commission expires \_\_\_\_\_

Notary Stamp Here