

SENECA INSURANCE COMPANY, INC.

Managing Agent

BAIL USA, INC.

P.O. Box 806 • Greenville, PA 16125

1-800-245-0366

DATE: _____

AMOUNT OF BOND: _____ PREMIUM: _____

BOND NUMBER: _____ COMPANY: _____

I understand in signing this bond for obtaining the release of

I am responsible for him/her appearing in Court each time he/she is so ordered; also I understand I am responsible for payment of any court costs for non-appearance if he/she fails to follow any and all instructions or orders of the Court or forfeits this bond, and it becomes necessary to apprehend and surrender him/her to the Court, I understand I am responsible for any and all expenses incurred as a result of such forfeiture and further, if such a forfeiture occurs and defendant is not surrendered to the Court within time prescribed by law, I understand I am required to pay the FULL AMOUNT of the bond posted, including unpaid bail premium, if applicable in this state. Should state laws supersede this or any part of the agreement, all other terms are still in full force and effect.

COLLATERAL cannot be returned until such time as the Company receives written notice from the clerk of the court.

I am not a paid signer. I have no connection with a Bail Bond Consultant.

I have read the above contract and understand it, and agree to fulfill ALL the provisions therein.

SIGNED: _____

AGENT: _____

Subscribed and sworn to before me this _____ day of

_____, 19 _____.

Notary Public in and for the County of _____

(seal)

Notary