

BAIL PRODUCER: [stamp must include name, address, phone no. and license no.]

Seneca Insurance Company, Inc.
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**VIRGINIA ADDENDUM
TO
INDEMNITOR APPLICATION AND AGREEMENT**

This Virginia Addendum (“Addendum”) is attached to and forms part of the Indemnitor Application and Agreement signed, sealed and delivered by you as Indemnitor (“Agreement”) and is incorporated into the Agreement by this reference. Any capitalized terms used in this Addendum without definition shall have the meanings assigned to these terms by the Agreement.

1. Any collateral or other indemnity shall be returned to the person whose name appears as Depositor on the Collateral Receipt: (1) upon final termination of liability on the Bond, including the conclusion of all appeals or appeal periods, and when the obligation is discharged; and (2) all fees owed to the bail producer have been paid. In any event, after a specific request for the return of the collateral, the collateral shall be returned to the Depositor within 15 days after all fees owed in connection with the Bond have been paid.

2. Except as expressly provided in this Addendum, all terms and conditions of the Agreement remain in full force and effect. In the event of a conflict between the terms and conditions of the Agreement and this Addendum, this Addendum shall control.

3. This Addendum shall be attached to every Indemnitor Application and Agreement entered into in the Commonwealth of Virginia.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signed, sealed and delivered this _____ day of _____, 20_____.

Defendant’s Name

Signature of Indemnitor

Bond Amount

Printed Name of Indemnitor