

PROMISSORY NOTE

\$ \_\_\_\_\_ City and State \_\_\_\_\_

On demand after date, for value received, \_\_\_\_\_ Promise to pay to the order of
PALMETTO SURETY CORPORATION or assigns

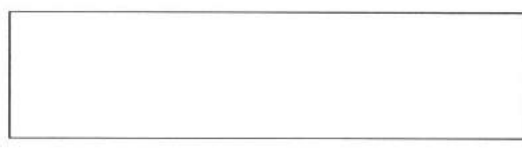
\_\_\_\_\_ DOLLARS,
at \_\_\_\_\_, with interest thereon at the rate
of \_\_\_\_\_ per cent, per annum from Call Date until fully paid. Interest payable semi-annually. The make and endorse
of this note further agree to waive demand, notice of non-payment and protest; and in case suit shall be brought for the collection
hereof, or the same has to be collected upon demand of an attorney, to pay reasonable attorney's fees for making such collection. Deferred
interest payments to bear interest from maturity at \_\_\_\_\_ per cent, per annum payable semi-annually.

It is further agreed and specifically understood that this note shall become Null and Void in the event the said
defendant \_\_\_\_\_
shall appear in the court at the time or times so directed by the Judge or Judges of competent jurisdiction until the obligations under
the appearance bond or bonds posted on behalf of the defendant have been fulfilled and the Surety discharged of all liability thereunder,
otherwise to remain in full force and effect.

Date \_\_\_\_\_ SIGNATURE OF DEFENDANT
SIGNATURE OF INDEMNITOR
SIGNATURE OF CO-INDEMNITOR

PRESS
HARD

AGENCY



COLLATERAL RECEIPT
No. PSC-114966

Receipt Date: \_\_\_\_\_

1. COLLATERAL RECEIVED (Describe in detail):
[ ] Contingent Promissory Note [ ] Indemnity Agreement [ ] Contingent Mortgage Agreement

2. [ ] Cash [ ] Check [ ] Money Order [ ] Credit Card - Amount \$ \_\_\_\_\_ [ ] Other/See Item 1.

3. RECEIVED FROM: \_\_\_\_\_

4. Address: \_\_\_\_\_
AS SECURITY FOR BOND(S) For:

5. Defendant: \_\_\_\_\_ Bond Amt. \$ \_\_\_\_\_

6. Power # \_\_\_\_\_ Court: \_\_\_\_\_

7. Charged with: \_\_\_\_\_

8. I acknowledge a Credit Card fee of \_\_\_\_\_ % \_\_\_\_\_

NOTICE - UNLESS A LEGAL ASSIGNMENT DOCUMENT IS FURNISHED TO THE BONDSMAN, COLLATERAL WILL
BE RETURNED ONLY TO THE PERSON(S) NAMED IN ITEM 3 ABOVE.

Received By: \_\_\_\_\_

THIS COLLATERAL WILL BE HELD IN THE CUSTODY OF [ ] THE BONDSMAN [ ] THE COMPANY [ ] GEN AGT

In Trust for:



PALMETTO SURETY CORPORATION
109 RIVER LANDING DR., SUITE 200
CHARLESTON, SC 29402-7595
1-866-372-0827 www.palmettosurety.net

\*\*FOR ANY COMPLAINTS OR INQUIRES CONTACT YOUR STATE DEPARTMENT OF INSURANCE, FOR THE FLORIDA
DEPARTMENT OF INSURANCE CONTACT 200 E. GAINES ST. TALLAHASSEE, FL 850-413-3140\*\*

IMPORTANT! Palmetto Surety Corporation accepts and authorizes its representatives to accept only specific forms of collateral as security.

- THIS ACCEPTABLE COLLATERAL IS LIMITED TO:
1. CASH including cashier's checks, money orders and certified checks;
2. Properly assigned SAVINGS ACCOUNTS represented by passbooks, or properly assigned CERTIFICATES OF DEPOSIT;
3. Properly assigned STOCKS AND BONDS;
4. REAL ESTATE evidenced by properly executed mortgages, deeds of trust or confessions of judgment in accordance with applicable state law.

IMPORTANT! This collateral security agreement should not be used except in conjunction with acceptable collateral. Representatives are not
authorized to accept and Palmetto Surety Corporation is not responsible for any type or form of collateral other than collateral enumerated above.

TO DEFENDANT AND INDEMNITOR(S): YOU ARE ENTITLED TO A SIGNED RECEIPT FOR COLLATERAL YOU HAVE GIVEN TO THE
BONDING AGENT TO SECURE AND INDEMNIFY THIS BOND PURSUANT TO THE TERMS OF THIS AGREEMENT. ANY PROPERTY
DEED OR MORTGAGE MUST BE TAKEN IN THE NAME OF PALMETTO SURETY CORPORATION. BE SURE ALL YOUR IS
ITEMIZED ON YOUR COLLATERAL RECEIPT.

I HAVE (NOT) DEPOSITED COLLATERAL with the Agent for the purpose of this Bail Bond and received Receipt Numbered \_\_\_\_\_

AGENT
WITNESS HERE \_\_\_\_\_
Signature of Agent

DEFENDANT/INDEMNITOR
SIGN HERE X \_\_\_\_\_
Signature of Defendant/Indemnitor

AGENT NAME/ADDRESS/TELEPHONE

**BAIL BOND INFORMATION SHEET**

BOND DEFENDANT: \_\_\_\_\_

POWER OF ATTORNEY NUMBER(S): \_\_\_\_\_

AS PRINCIPAL (DEFENDANT) AND/OR INDEMNITOR (GUARANTOR) ON A BAIL BOND, YOU MUST BE GIVEN A COPY OF ANY COLLATERAL DOCUMENTS THAT YOU SIGN RELATING TO THE ABOVE BOND(S).

WHEN ALL AGREEMENTS HAVE BEEN FULFILLED AND BOND IS DISCHARGED IN WRITING BY THE COURT, AND WITHOUT LOSS EXPENSE ON THE BOND(S), YOUR COLLATERAL WILL BE RETURNED TO YOU.

**BE AWARE: YOUR COLLATERAL IS AT RISK IF THE PRINCIPAL FAILS TO APPEAR IN COURT OR IF THE PRINCIPAL COMMITS ANY BREACH (VIOLATION) OF AGREEMENT.**

**ANY OF THE FOLLOWING HAPPENINGS IS A BREACH OF AGREEMENT:**

1. If principal fails to appear in court;
2. If principal shall depart the jurisdiction of the court without the written consent of the court and the Surety, or its agent;
3. If principal shall move from one address to another without notifying the Surety, or its Agent, in writing, prior to said move;
4. If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of the bond(s);
5. If principal is arrested and incarcerated for any offence other than a minor traffic violation;
6. If principal shall make any material false statement in the application;
7. If principal shall violate any special restriction or condition of the bond(s) imposed by the Court.

FOR GENERAL INFORMATION REGARDING YOUR COLLATERAL, CONTACT THE AGENT AS SHOWN ON THE TOP OF THIS SHEET. FOR FURTHER INQUIRY/COMPLAINT, CONTACT

**Bail Bond Administrator  
Florida Insurance Dept.  
200 East Gaines Street  
Tallahassee, FL 32399-0300 Phone: 850-413-3136**

**PRINCIPAL/INDEMNITOR ACKNOWLEDGMENT**

I/WE HAVE RECEIVED A COPY OF THIS INFORMATION SHEET. I/WE HAVE RECEIVED A COPY OF ALL COLLATERAL DOCUMENTS THAT I/WE SIGNED REGARDING THE ABOVE BOND(S).

SIGN: \_\_\_\_\_

SIGN: \_\_\_\_\_

SIGNED ORIGINAL TO AGENT'S BOND FILE  
COPY TO DEFENDANT AND EACH INDEMNITOR

**\*\*\*\*\* READ CAREFULLY \*\*\*\*\***



# PALMETTO SURETY CORPORATION

109 River Landing Drive, Suite 200 • Charleston, SC 29492-7595

## FINANCIAL STATEMENT AND INDEMNITY AGREEMENT

AGENT \_\_\_\_\_

POWER NO. \_\_\_\_\_

CASE NO. \_\_\_\_\_

EXECUTION DATE \_\_\_\_\_

NAME OF INDEMNITOR \_\_\_\_\_ PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 FIRST MIDDLE LAST  
 RESIDENCE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 SOCIAL SECURITY NO \_\_\_\_\_ E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_  
 EMPLOYED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 SPOUSE'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 EMPLOYED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 PARENTS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PERSONAL REFERENCES	WORK OR HOME ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ASSETS		LIABILITIES	
Cash in _____, Bank \$ _____		Money Borrowed on Notes _____	\$ _____
Stocks, bonds, mortgages (market value): _____ \$ _____ _____ \$ _____			
Real estate, the title to which is in my name alone:		Mortgages on real estate scheduled opposite:	
A. _____ \$ _____		A. _____ \$ _____	
B. _____ \$ _____		B. _____ \$ _____	
Accounts receivable _____ \$ _____		Accounts Payable _____ \$ _____	
Other assets (in detail) _____ \$ _____		Other Liabilities (in detail) _____ \$ _____	
<b>Total Assets</b> _____ \$ _____		<b>Total Liabilities</b> _____ \$ _____	

The make of the above statement hereby authorizes the Surety to confirm the bank balances claimed and all other items comprising said statement.

### YOU ARE ASSUMING SPECIFIC OBLIGATIONS – READ CAREFULLY! INDEMNITY AGREEMENT

THIS AGREEMENT is made by and between the undersigned Defendant, Indemnitors, and Palmetto Surety Corporation through its duly authorized Agent

WHEREAS, Palmetto Surety Corporation (hereinafter called "Surety"), at the request of the Indemnitors has or is about to become SURETY on an appearance bond for Defendant in the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) by its certain bond executed on power of attorney number(s) \_\_\_\_\_,

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties jointly and severally agree as follows:

- For good and valuable consideration, the undersigned principal agrees to indemnify and hold harmless the surety company or its agent for all losses not otherwise prohibited by law or by rules of the Department of Financial Services.
- That the Indemnitors will have Defendant forthcoming before the Court named on said Bond at the time(s) therein fixed, and at such other times as may be ordered by the Court.
- That the Indemnitors will at all times indemnify and save the Surety harmless from and against any and all claims, demands, liabilities, costs, charges, counsel fees, expenses, suits, orders, judgments, or adjudications whatsoever which the Surety shall or may for any cause sustain or incur, by reason of Surety having executed said Bond or undertaking, and will, upon demand, place the Surety in funds to meet all such claims, demands, liabilities, costs, charges, counsel fees, expenses, suits, orders, judgments, or adjudications against it, by reason of its Suretyship, and before the Surety shall be required to pay the same.
- That the agreement of indemnity contained in paragraph 2 above shall continue as long as the SURETY has any liability or has sustained any loss, upon the bond referred to herein, and the undersigned further agrees not to make any transfer, or any attempted transfer of any of the property, real or personal, in which the undersigned has an interest or in which the undersigned may subsequently acquire any interest, and it is further agreed that the SURETY shall have a lien upon all property of the undersigned for any sums due it or for which it has become, or may become, liable by reason of its having executed the bond referred to herein. It is further agreed that the Indemnity Agreement contained in Paragraph 2 above and the provisions of this paragraph shall be binding upon and apply to any subsidiary, affiliate, parent or related enterprise created or acquired by the undersigned.
- The voucher, or any other evidence of any payment made by the Surety, by reason of this Suretyship, shall itself, be conclusive evidence of such payment as to the indemnitors, their estate, and those entitled to share in their estate, and their successors and assigns.
- That the Surety may withdraw, at any time provided by law, from its Suretyship upon the Bond or undertaking herein, without liability to any party.
- That Indemnitors' liability to Surety is not limited to the Bond referred to herein, but shall apply to all other bonds or undertakings issued by Surety at the request of the indemnitors.
- The Indemnitors' obligations and indemnities as contained herein shall not terminate upon exoneration of the bond or undertaking but shall continue until such time that Surety is relieved of all duties, demands, liabilities, obligations, costs or expenses in any way related thereto.
- That the waiver by Surety of any breach of any term or conditions herein shall not be deemed a waiver of same of any subsequent breach of the same term or condition, and that failure of any Indemnitor to comply with the terms and conditions herein shall not act as or be construed as a release or waiver as the remaining Indemnitor who shall remain liable and bound by all provisions of this Agreement.
- This Agreement shall be construed and enforced under the laws of the State of \_\_\_\_\_ . In the event any of the provisions of this Agreement are inconsistent with the laws of this State, this Agreement, as to these provisions only, shall be null and void, and the remainder shall be enforced with the same effect as though such provisions were omitted.
- The use of the plural herein shall include the singular. Obligations of the Indemnitors shall be joint and several and the provisions of this Agreement shall be binding upon Indemnitors' heirs, successors, representatives and assigns.

IN WITNESS WHEREOF, the parties have executed this Agreement this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WITNESSES:

\_\_\_\_\_  
 \_\_\_\_\_ X \_\_\_\_\_  
 \_\_\_\_\_ X \_\_\_\_\_  
 \_\_\_\_\_ X \_\_\_\_\_

SIGNATURE OF DEFENDANT  
 SIGNATURE OF INDEMNITOR  
 SIGNATURE OF CO-INDEMNITOR

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_

\_\_\_\_\_, to me known to be the person \_\_\_\_\_ described in and who

executed the foregoing instrument and \_\_\_\_\_ thereupon acknowledged to me that \_\_\_\_\_ executed the same.

My Commission Expires \_\_\_\_\_ Notary Public: \_\_\_\_\_

**APPLICATION FOR APPEARANCE BOND**  
**PALMETTO SURETY CORPORATION**  
 109 RIVER LANDING DRIVE, SUITE 200 • CHARLESTON, SC 29492-7595

DEFENDANT \_\_\_\_\_  
 AGENT \_\_\_\_\_  
 POWER NO. \_\_\_\_\_  
 CASE NO. \_\_\_\_\_  
 EXECUTION DATE \_\_\_\_\_  
 CONTACTED BY \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 DATE \_\_\_\_\_ TIME \_\_\_\_\_  
 RELATIONSHIP \_\_\_\_\_

I, the undersigned do hereby apply to you to act as my surety in the amount of \$ \_\_\_\_\_  
 in the \_\_\_\_\_ Court of \_\_\_\_\_ wherein I am  
 charged with \_\_\_\_\_  
 and I agree to the following terms and conditions prescribed by the State Insurance Department.

**Terms and Conditions continued on back of form.**  
**TERMS AND CONDITIONS**

The following terms and conditions are an integral part of this application for appearance bond No. \_\_\_\_\_ date \_\_\_\_\_ for which  
 PALMETTO SURETY CORPORATION or its Agent shall receive a premium in the amount of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)  
 and the parties agree that said appearance bond is conditioned upon full compliance of all said terms and conditions and is a part of said bond and application therefor.

**ALL INFORMATION BELOW MUST BE COMPLETED IN FULL, OR DELAY WILL OCCUR (PLEASE PRINT)**

Name of defendant \_\_\_\_\_ Nickname/Alias \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ ZIP \_\_\_\_\_ How Long \_\_\_\_\_  
 Former address \_\_\_\_\_ How Long \_\_\_\_\_  
 Phone \_\_\_\_\_ Defendant E-mail \_\_\_\_\_  
 Employed by \_\_\_\_\_ Boss \_\_\_\_\_ How Long \_\_\_\_\_  
 Employer's address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Previous employment \_\_\_\_\_ How Long \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Race \_\_\_\_\_  
 Left Handed \_\_\_\_\_ Right Handed \_\_\_\_\_ Glasses \_\_\_\_\_ Dentures \_\_\_\_\_ Beard/Mustache \_\_\_\_\_  
 Identification marks or tattoos \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Spouse's Employment \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Children's Name and Ages \_\_\_\_\_ School \_\_\_\_\_  
 \_\_\_\_\_ School \_\_\_\_\_  
 Parent's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Spouse's Parents \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Brothers or sisters \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Brothers or sisters \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Brothers or sisters \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Best Friend \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Defendant's Attorney \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Defendant Arrested Before \_\_\_\_\_ Convicted \_\_\_\_\_ Offense \_\_\_\_\_  
 Automobile - Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License No. \_\_\_\_\_  
 When and where did you buy car? \_\_\_\_\_ Amount owing \_\_\_\_\_ To whom \_\_\_\_\_  
 Driver's License No. \_\_\_\_\_ State \_\_\_\_\_  
 Social Media Login \_\_\_\_\_ Password \_\_\_\_\_  
 Are you under any bail bond now? \_\_\_\_\_ Agent or Surety \_\_\_\_\_  
 Remarks: \_\_\_\_\_

The Defendant hereby affirms that the foregoing declarations made and answers given are the truth without reservation and are made for the purpose of inducing the Surety to become surety or to procure suretyship on the bond or undertaking applied for herein, with the intent and purpose that they be relied on fully.

In addition, the Defendant hereby authorizes and directs his relatives, employers, bankers, the Federal Social Security Administration, the Internal Revenue, the state Department of Disability Insurance, the United States Armed Forces, the state Division of Motor Vehicles, all Municipal, County, State and Federal Law Enforcement Agencies and any other persons or organizations having information concerning the Defendant's whereabouts to give such information to Palmetto Surety Corporation and its assigns and/or duly authorized representatives. The Defendant understands that any information obtained will be used for the purpose of securing his or her appearance and/or apprehension for Court appearance, and for the purpose of securing reimbursement for any expenses incurred as a result of Defendant's non-appearance. The Defendant hereby waives his or her rights with respect to the Privacy Act and authorizes the use of copies of this document by Palmetto Surety Corporation and its assigns and/or duly authorized representatives. In addition, if the Defendant escapes from the custody of Palmetto Surety Corporation and is subsequently captured in a State of the United States other than the one in which the original charge was filed, or in a foreign country, the Defendant does hereby agree to return voluntarily to the State of original jurisdiction, and does hereby waive extradition proceedings and further consents to the application of such force as may be necessary to effect such return.

Signed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

AGENT WITNESS HERE \_\_\_\_\_ DEFENDANT SIGN HERE **X** \_\_\_\_\_  
 NAI-14s (SIGNATURE OF AGENT) (SIGNATURE OF DEFENDANT)