Name of Defendant/Arrestee _____

Lic# 1843662 La Habra, CA 90631 Fax (562) 309-8016 Lexington National Insurance Corp. 200 E. Lexington St. #501 Baltimore, MD 21202

PLAIN TALK CONTRACT

named defendant/arrestee, that I a If he/she fails to follow any and a necessary to apprehend and surrer expenses incurred as a result of su and the defendant/arrestee is not s am required to pay the FULL AM	m responsible for him/her appearing Il instructions or orders of the court of nder him/her to the court, I understant ich forfeiture, search, and/or apprehe	
defendant from custody. The fa	-	ully earned upon the release of the ve been improperly arrested, or his/her e the return or forgiveness of any portion
		from the date the bond/bail is exonerated il Bonds must receive written notice from
<u> </u>	signer." I have no connection with I agree to fulfill all of the provision	a Bail Bond Consultant. I have read the s therein.
Indemnitor Signature	Print Name	Date
Indemnitor Signature	Print Name	Date
Indemnitor Signature	Print Name	Date
Indemnitor Signature	Print Name	Date
Defendant/Arrestee Signature	Print Name	Date