



Bankers Insurance Company
P.O. Box 15707, St. Petersburg, Florida 33733-5707 / 813/823-4000

INDEMNITORS AGREEMENT

Defendant
Bond No.
Bond Amount
Bond Premium

Date
Case #

I understand that in co-signing this bond for obtaining the release of
that I am responsible for
him or her appearing in Court each time he or she is so ordered; also I understand that I am
responsible for payment of any Court costs for non-appearance should the defendant fail to
appear and the Court forfeits the bond. Should it become necessary to apprehend and
surrender the defendant to the Court, I understand that I am responsible for any and all
expenses incurred as a result of such forfeiture and further, if such a forfeiture occurs and the
defendant is not surrendered to Court within the time prescribed by law, I understand that
I am required to pay the Full Amount of the bond posted, including unpaid premium.

Collateral cannot be returned until such time as the Company receives written notice
from the Clerk of the Court verifying Exoneration.

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

Co-signer Signature
Address
Agent