

UNPAID PREMIUM AGREEMENT

DEFENDANT NAME: _____ DATE: ____/____/____

BAIL AMOUNT: _____ JAIL: _____

Total Premium Amount: \$ _____

Less Amount Paid: \$ _____

BALANCE DUE: \$ _____

The undersigned promise to pay the Balance Due \$ _____ in _____
Installments of \$ _____ each, with the first installment due ____/____/____ and
all subsequent installments due as follows:

I (We) have obtained a bail bond for the release of the above-named defendant and I (We)
promise to pay the balance due as prescribed above. I (We) understand that should a default
occur, and payments become **30 DAYS PAST DUE** surety bail bonds agents are required by CT
STATE LAW to file a civil court action seeking appropriate relief. Make a diligent effort to obtain
a judgement. Any and all legal collection fees associated to my account will be my
responsibility.

ALL PAYMENTS SHOULD BE MAILED TO OR DROPPED OFF AT:

Street Address: _____

City, St, Zip code: _____

C/O _____

I HAVE READ AND AGREE WITH THE ABOVE DECLARATIONS

NAME: _____

NAME: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: ____/____/____

DATE: ____/____/____

PHONE: (____) _____ - _____

PHONE: (____) _____ - _____

ADDRESS: _____

ADDRESS: _____

CITY: _____ STATE: _____

CITY: _____ STATE: _____

ZIPCODE: _____

ZIPCODE: _____

D.O.B.: ____/____/____

D.O.B.: ____/____/____

SOCIAL SEC.: _____ - _____ - _____

SOCIAL SEC.: _____ - _____ - _____

PAYMENT LOG SHEET

[illegible]

[illegible]

NAME: _____

SIGNATURE: _____