



Bankers Insurance Company
PO Box 15707, St Petersburg, Florida 33733-5707 (727) 823-4000

INDEMNITORS AGREEMENT

Defendant \_\_\_\_\_ Date \_\_\_\_\_
Bond No. \_\_\_\_\_ Case # \_\_\_\_\_
Bond Amount \_\_\_\_\_
Bond Premium \_\_\_\_\_

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 received written notice from the Clerk of the Court verifying Exoneration.

I hereby waive any and all rights I may have under Title 28 Privacy Act – Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize Bankers Insurance Company, and/or its Agent, to obtain any and all private or Public information and/or records concerning me from any party or agency, private or government (local, State, Federal), including, but not limited to, Social Security Records, criminal records, civil records, driving records, telephone records, medical records, school records, worker compensation records, employment records. I authorize without reservation, any party or agency, private or government (local, State, Federal), contacted by Bankers Insurance Company, and/or its Agent, to furnish any and all private and public information and records in their possession concerning me to Bankers Insurance Company, and/or its Agent.

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

Indemnitor signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_
Indemnitor signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_
Indemnitor signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_
Defendant signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_
Agent \_\_\_\_\_