



MR. BAIL INC.
1005 CENTRAL AVE.
BILLINGS, MONTANA 59102
Local Phone: 406-534-5050 Toll Free: 1-855-4MR-BAIL

CONTINGENT PROMISSORY NOTE

\$ _____ City/Town/County _____, State _____ Date _____

On demand after date of forfeiture, for value received, the undersigned, jointly and severally if more than one, promise to pay to the order of **Mr. Bail Inc.** (Agency) and/or _____ **Universal Fire & Casualty Insurance Company** (Company) _____ DOLLARS, at **7005 W. Fairview Ave., Boise, ID 83704** with interest thereon at a rate of (10%) ten percent, per annum from call date until fully paid. Interest payable semi-annually. The marker(s) and each endorser (if any) of this contingent promissory note agrees 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 any attorney, to pay reasonable attorney's fees and assessable costs, for making such collection. Deferred interest payments to bear interest from maturity at (10%) ten percent, per annum, payable semi-annually.

It is further agreed and specifically understood that this contingent promissory note shall become null and void in the event the said defendant, _____ shall appear in the proper court at the time or times so directed by the Judge or Judges of competent jurisdiction and 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 hereunder, otherwise to remain in full force and effect.

Defendant/Indemnitor's Signature: _____

Indemnitor's Signature: _____

Defendant/Indemnitor's Print: _____

Indemnitor's Print: _____

Indemnitor's Signature: _____

Indemnitor's Signature: _____

Indemnitor's Print: _____

Indemnitor's Print: _____

STATE OF: _____

COUNTY OR CITY OF: _____

On this _____ day of _____, 20____ before me a **Notary**, personally appeared _____ Personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed within this instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument is the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal

Notary Public: _____

My commission expires: _____