



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

PAYMENT PLAN PROMISSORY NOTE

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

On demand, 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 & Casalty Insurance Company** (Company) _____ DOLLARS, at **1005 Central Ave. Billings, Montana 59102** 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 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.

To the Indemnitor(s) for: _____ **(Defendant/Principal)**
Power#: _____, _____, _____, _____

PAYMENT SCHEDULE

Premium Balance of \$ _____ shall be due in full on or before _____ day of _____ 20 ____
\$ _____ (payment amount) to be paid on a (____ weekly ____ biweekly ____ monthly ____ bimonthly) basis.
Payments begin on this _____ day of _____ 20 _____ and continue, until paid in full.
Special Payment Agreement : _____

(FULL PAYMENT WILL BE DUE ON DEMAND IF ANY BREACH OF THIS PAYMENT PLAN SCHEDULE)

Defendant/ Indemnitor's Signature: _____ Indemnitor's Signature: _____
Print: _____ Print: _____

Indemnitor's Signature: _____ Indemnitor's Signature: _____
Print: _____ Print: _____

STATE OF: _____

COUNTY OF _____

On this _____ day of _____ 20 _____ before me
_____ 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 to the within 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 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: _____