ROCHE SURETY AND CASUALTY CO., INC.
4107 N. Himes Avenue • 2nd Floor • Tampa, FL 33607
(813) 623-5042 • (800) 789-3899 • Fax (813) 623-5939

PROMISSORY NOTE

No. _____ $ _____

City _____, State_____, Date _____.

On demand, _____ after date,

for value received, _____. _____ Promise to pay to the order of **ROCHE SURETY AND CASUALTY CO., INC.**

_____ DOLLARS,

at _____ City_____, State _____,

with interest thereon at the rate of _____ percent, per annum, from _____ until fully paid. Interest payable semi-annually. The maker and endorser of this 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 an attorney, to pay reasonable attorney's fees **and assessable costs**, for making such collection. Deferred interest payments to bear interest from maturity at _____ percent, per annum, payable semi-annually.

It is further agreed and specifically understood that this 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 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 thereunder, otherwise to remain in full force and effect.

Witness _____ _____

Witness _____ _____

Date _____, _____.

ROCHE SURETY AND CASUALTY CO., INC. INCORPORATED MARCH 1981 SEAL FLORIDA

Form GN-9 Rev. 6/15

ROCHE
SURETY AND CASUALTY CO., INC.

FLORIDA ADDENDUM
TO
INDEMNITOR APPLICATION AND AGREEMENT

This Florida Addendum ("Addendum") is attached to and forms part of the Indemnitor Application and Agreement signed, sealed and delivered by you as Indemnitor ("Agreement") and is incorporated into the Agreement by this reference. Any capitalized terms used in this Addendum without definition shall have the meanings assigned to these terms by the Agreement.

A. **For good and valuable consideration, you agree to indemnify and hold harmless the Surety or its agent for all losses not otherwise prohibited by law or by rules of the Department of Financial Services.**

B. You acknowledge receipt of copies of the Terms and Conditions of the Bail Bond Application and Agreement and the Florida Addendum thereto, which include statements as to (1) the restrictions placed on Defendant as a condition of the Bond and (2) the agent's powers relating to the cancellation of the Bond and recommitment of Defendant.

C. The specific fees for which you are required to indemnify Surety and its agent in accordance with the Agreement are as follows:

(i) Costs necessary to apprehend Defendant in the event Defendant attempts to flee the jurisdiction of the courts;
(ii) Attorneys' fees and court costs associated with filing of motions;
(iii) Documented transportation and lodging expenses outside the jurisdiction of the court;
(iv) Law enforcement costs for housing, re-arrest, transportation and extradition; and
(v) A maximum fee of $100 for a surrender allowed by law when there has been no forfeiture of the Bond.

D. Collateral will be returned to the person whose name appears as Depositor on the Collateral Receipt within 21 days after proof of final termination of liability on the Bond has been provided to the Surety.

E. Surety shall be entitled to deduct from collateral held or any return premium all fees, expenses, and charges authorized by applicable law, including Florida Administrative Code 69B-221.105.

F. For any complaints or inquiries, you may contact: Department of Financial Services, Division of Consumer Services, Bail Bond Section, 200 East Gaines Street, Tallahassee, FL 32399-0322, (877) 693-5236 (in-state) or (850) 413-5660.

G. Except as expressly provided in this Addendum, all terms and conditions of the Agreement remain in full force and effect. In the event of a conflict between the terms and conditions of the Agreement and this Addendum, this Addendum shall control.

H. This Addendum shall be attached to every Indemnitor Application and Agreement entered into in the State of Florida.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Signed, sealed and delivered this _____ day of _____, 20_____

Signature of Indemnitor _____

Printed Name of Indemnitor _____

White – Producer Copy• Yellow – Indemnitor Copy

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ROCHE SURETY AND CASUALTY CO., INC.
4107 N. Himes Avenue • 2nd Floor • Tampa, FL 33607
(813) 623-5042 • (800) 789-3899 • Fax (813) 623-5939

DISCLOSURE NOTICE

Power No. _____

CONDITIONS OF BOND:

1. The SURETY, as bail, shall have control and jurisdiction over the principal during the term for which the bond is executed and shall have the right to apprehend, arrest and surrender the principal to the proper officials at any time as provided by law.
2. In the event surrender of principal is made prior to the time set for principal's appearances, and for reasons other than as enumerated below in paragraph 3, then principal shall be entitled to a refund of the bond premium.
3. It is understood and agreed that the occurrence of any one of the following events shall constitute a breach of principal's obligation to the SURETY hereunder, and the SURETY shall have the right to forthwith apprehend, arrest and surrender principal, and principal shall have no right to any refund of premium whatsoever. Said events which shall constitute a breach of principal's obligations hereunder are:
   (a) If the principal shall depart the jurisdiction of the court without the written consent of the court and the SURETY or its Agent.
   (b) If principal shall move from one address to another without notifying the SURETY or its Agent in writing prior to said move.
   (c) If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of said bond.
   (d) If principal is arrested and incarcerated for any other offense other than a minor traffic violation.
   (e) If principal shall make any material false statement in the application.

Other Conditions: Call to check in once A week M-F 9-5
Keep phone # And address current with us

Court Date: _____ Time: _____ Place: _____ ☐ No Date Set

NOTICE OF PRIVACY POLICY

Roche Surety And Casualty Co., Inc. ("RSCC") is committed to protecting the privacy of personal information. In keeping with that philosophy, we have developed a Privacy Policy, set out below, that will ensure the continued protection of your nonpublic personal information and inform you about the measures RSCC takes to safeguard that information.

Who is Covered? We provide our Privacy Policy to each customer when they purchase a bail bond through RSCC. Generally, this means that the Privacy Policy is provided to the customer at the time a bail bond is issued.

Access to Information Access to all nonpublic personal information is limited to those employees who have a need to know in order to perform their jobs. These employees include, but are not limited to, those in departments such as legal, underwriting, claims administration, and accounting.

Information Sharing Generally, RSCC does not share nonpublic personal information that it collects with anyone other than its policy issuing agency as needed to issue the bail bond as requested by the customer. RSCC, however, may share information as required by law in response to a subpoena, to a government regulatory agency or to prevent fraud.

Information Security RSCC, at all times strives to maintain the confidentiality and integrity of the personal information in its possession and has instituted measures to guard against its unauthorized access. We maintain physical, electronic and procedural safeguards in compliance with federal standards to protect that information.

INDEMNITOR INFORMATION

In addition to the terms and conditions of any Indemnity Agreement or other collateral documents which you have executed this is to notify you that:

1. The Indemnitor(s) will have the defendant(s) forthcoming before the court named in the bond, at the time therein fixed, and as may be further ordered by the Court.
2. The Indemnitor(s) is responsible for any and all losses or costs of any kind whatsoever which the SURETY may incur as a result of this undertaking. There should not be any costs or losses provided the defendant(s) does not violate the conditions of the bond and appears on time at all required Court hearings.
3. Collateral will be returned to the person(s) named in the collateral receipt, or their legal assigns, within 21 days after the SURETY has received written notice of discharge of the bond(s) from the court. It may take several weeks after the case(s) is disposed of before the court discharges the surety bonds.

PRINCIPAL ACKNOWLEDGMENT

I have received a copy of this Disclosure Notice and I have received a copy of all other documents signed relating to the Bond(s).

Date Signed: _____ Principal: X _____

INDEMNITOR ACKNOWLEDGMENT

I have received a copy of this Disclosure Notice and I have received a copy of all other documents signed relating to the Bond(s).

Date Signed: _____ Indemnitor: X _____

FOR COMPLAINTS OR INQUIRIES CONTACT

AGENCY

Haney's Bail Bonds, LLC
3117 West Columbus Drive
Suite 202
Tampa, Florida 33607
(813) 258-0123

OR

ROCHE SURETY AND CASUALTY CO., INC.
4107 N. HIMES AVENUE, 2ND FLOOR
TAMPA, FLORIDA 33607
1-800-789-3899

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
BAIL BOND SECTION
200 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399-0320
850-413-5660

REQUIRED OF ALL CLIENTS OF HONEY'S BAIL BOND:

MUST CALL IN WEEKLY, MONDAY THROUGH FRIDAY, 9:30 AM TO 5:30 PM TO CHECK IN WITH US.

HAVEYOUR MEETING ID FOR ALL VIRTUAL COURT HEARINGS.

MAKE SURE YOUR PHONE CAN RECEIVE VOICE MESSAGES AND TEXT MESSAGES AND YOUR VOICE MAIL BOX IS AVAILABLE.

SET UP A VOICE MAIL BOX IF YOU DON'T HAVE ONE.

IF YOU DO NOT HAVE A PHONE, MAKE SURE YOU GIVE US A FAMILY MEMBER'S NUMBER, A SPOUSE, AN EMPLOYER OR A NEIGHBOR'S PHONE NUMBER THAT WE CAN USE TO CONTACT YOU.

CALL HONEY'S BAIL BONDS IF YOU CHANGE YOUR CELL NUMBER OR YOUR ADDRESS. 813-259-0123

SIGNATURE

DATE _____

CLIENT/INDEMNITOR BOND APPLICATION

NAME:_____ _____ _____
First Name Middle Last

ADDRESS:_____ _____ _____ _____
Street City State ZIP

CONTACT:_____ _____ _____
Cell Phone Land Line Email

GENDER: _____ _____ _____
M/F DOB Nationality

DRIVERS LICENSE:_____ STATE ISSUED____

VELICLE: _____ _____ _____ _____
Make Model Year Color

EMPLOYMENT_____ _____ _____
Company Address Phone

RELATEVES:

	Phone
Mother	
Father	
Sister	
Sister	
Brother	
Brother	
Acquaintance	
Acquaintance	
Acquaintance	

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_____
Signature

HONEY'S
BAIL BONDS
www.HoneysBailBonds.com

DATE_____

If_____forfeits the bond(s) written and posted by Honey's Bail Bonds or Dolly's Bail bonds, I will be responsible for the entire amount of the bond(s) with cash or my credit card in order to satisfy the forfeiture. Payment will be due within 10 calendar days.

My initials:_____

Also, it is understood that if the defendant is arrested in another county in Florida other then Hillsborough County, or is arrested in another state, the undersigned indemnitor is responsible for all transportation fees involved in order to return the defendant to Hillsborough County to satisfy the conditions of the bond(s).

My initials:_____

As I/we enter this agreement, it is understood that by agreeing to be an indemnitor for the named subject, I/we will become a permanent and irrevocable indemnitor until the time that the case is discharged by the court.

My initials:_____

PRINT NAME;_____

SIGNATURE:_____

WITNESS:_____

3117 West Columbus Drive Suite 202 ▪ Tampa, FL 33607
(813) 259-0123 ▪ fax (813) 259-0004

BAIL BOND INFORMATION SHEET

PRODUCER NAME, ADDRESS, PHONE, EMAIL AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE

Honey's Bail Bonds, LLC
3117 West Columbus Drive
Suite 202
Tampa, Florida 33607

Bond Information

Defendant Name

Case Number

Power Number(s)

As principal (defendant) and/or indemnitor (guarantor) on a bail bond, you must be given a copy of any collateral documents that you sign relating to the above bond(s).

When all agreements have been fulfilled, bond is discharged in writing by the court, and without loss expense on the bond(s), your collateral will be returned to you.

BE AWARE: YOUR COLLATERAL IS AT RISK if the principal fails to appear in court or if the principal commits any breach (violation) of agreement.

ANY OF THE FOLLOWING HAPPENINGS IS A BREACH OF AGREEMENT:

1. If principal fails to appear in court;
2. If principal shall depart the jurisdiction of the court without the written consent of the court and the Surety, or its agent;
3. If principal shall move from one address to another without notifying the Surety, or its Agent, in writing, prior to said move;
4. If principal shall commit any act which shall constitute reasonable evidence of principal's intention to cause a forfeiture of the bond(s);
5. If principal is arrested and incarcerated for any offence other than a minor traffic violation;
6. If principal shall make any material false statement in the application;
7. If principal shall violate any special restriction or condition of the bond(s) imposed by the Court.

For general information regarding your collateral, contact the agency as shown on the top of this sheet.

For further inquiry / complaint, contact

Department of Financial Services
Bail Bond Section
200 East Gaines Street
Tallahassee, FL 32399-0320
Phone: (850) 413-5660

Authorized Signatures

****** Read carefully prior to signing ******

PRINCIPAL/INDEMNITOR ACKNOWLEDGMENT

I/We have received a copy of this information sheet.
I/We have received a copy of all collateral documents that I/We signed regarding the above bond(s).

Defendant Signature

Indemnitor Signature

Print Name

Date

Print Name

Date

Signed original to agent's bond file. Copy to defendant and each indemnitor