



NOTE: This is an Appearance Bond and cannot be construed as a guarantee for failure to provide payments, back alimony payments, FINES or Wage Law Claims, nor can it be used as a Bond on Appeal.

# Lexington National Insurance Corporation

200 East Lexington Street • Suite 501  
Baltimore, MD 21202  
(410) 625-0800

**BAIL BOND No.** \_\_\_\_\_

**(POWER OF ATTORNEY WITH THIS NUMBER MUST BE ATTACHED.)**

IN THE \_\_\_\_\_ COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT

COUNTY OF \_\_\_\_\_, STATE OF CALIFORNIA

THE PEOPLE OF THE STATE OF CALIFORNIA

Case No. \_\_\_\_\_

Plaintiff,

Div. No. \_\_\_\_\_

VS

Defendant

Defendant \_\_\_\_\_ (Name of Defendant) \_\_\_\_\_ (Booking No.)

having been admitted to bail in the sum of \_\_\_\_\_

\_\_\_\_\_ Dollars (\$ \_\_\_\_\_ ) and ordered to appear in the above-entitled court

on \_\_\_\_\_ 20 \_\_\_\_\_, on \_\_\_\_\_ charge/s:  
(Date of Appearance) (State "misdemeanor" or "felony")

Now the **LEXINGTON NATIONAL INSURANCE CORPORATION, a Maryland Corporation**, hereby undertakes that the above-named defendant will appear in the above-named court on the date above set forth to answer any charge in any accusatory pleading based upon the acts supporting the complaint filed against him/her and all duly authorized amendments thereof, in whatever court it may be prosecuted, and will at all times hold him/herself amenable to the orders and process of the court, and, if convicted, will appear for pronouncement of judgement or grant of probation; or, if he/she fails to perform either of these conditions, that the **LEXINGTON NATIONAL INSURANCE CORPORATION, a Maryland Corporation**, will pay to the people of the State of California, the sum of

\_\_\_\_\_ Dollars (\$ \_\_\_\_\_).

If the forfeiture of this bond be ordered by the Court, judgement may be summarily made and entered forthwith against the said **LEXINGTON NATIONAL INSURANCE CORPORATION, a Maryland Corporation**, for the amount of its undertaking herein, as provided by Sections 1305 and 1306 of the California Penal Code.

THIS BOND IS VOID IF WRITTEN FOR AN AMOUNT GREATER THAN THE POWER OF ATTORNEY ATTACHED HERETO. IF MORE THAN ONE SUCH POWER IS ATTACHED, OR IF WRITTEN AFTER THE EXPIRATION DATE SPECIFIED ON THE ATTACHED POWER OF ATTORNEY.

## LEXINGTON NATIONAL INSURANCE CORPORATION

By \_\_\_\_\_ Attorney-in-Fact

I certify under penalty of perjury that I am a licensed bail Agent of the **LEXINGTON NATIONAL INSURANCE CORPORATION** and that I am executing this bond on \_\_\_\_\_ (date)

at \_\_\_\_\_ (location)

\_\_\_\_\_ (signature of licensed agent)

The Premium Charged for this Bond is Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\$ \_\_\_\_\_ Title