Name of Licensed Insurance Producer Posting Bail Bond:		Bond:	LEXINGTON NATIONAL INSURANCE CORPORATION P.O. BOX 6098 LUTHERVILLE, MARYLAND 21094-6098 888-888-2245		
(Insurance Producer name, license #, physic			M PA	AYMENT PL	AN
	Combining	multiple Bail Bonds	on this	form is prohibited	
Def		Bail Bond Amount			
Court Name (if assigned)			Court Case No. (if assigned)		
		emium Charged:			
	Bail Bond Fil Total Due:	ing Fee:			
Amount Paid To Date Balance Owed:		To Date:			
		ed:			
This is a Premium Payme	nent Plan for the pa	yment of the remair bond describe			ance and posting of the bail
1. I, Debtor, promise to pa		bond describe	ed abov	e. pursua	
1. I, Debtor, promise to pa Payment #1: Amour	pay the balance to	bond describe	ed abov	e. pursua ency)	ance and posting of the bail ant to the following payment sched
Payment #1: Amour	oay the balance to	bond describe	ed abov	e pursualency) Date payment due:	
Payment #1: Amour Payment #2: Amour Payment #3: Amour	ont of Payment \$:	bond describe	ed abov	pursualency) Date payment due: Date payment due:	
1. I, Debtor, promise to pa Payment #1: Amour Payment #2: Amour Payment #3: Amour Payment #4: Amour	oay the balance to ant of Payment \$: ant of Payment \$: ant of Payment \$: ant of Payment \$:	(name of Bail	Bond Ag	pursual parency) Date payment due: Date payment due: Date payment due:	ant to the following payment sched
Payment #1: Amour Payment #2: Amour Payment #3: Amour Payment #4: Amour (NOTE: There is	ant of Payment \$: as no requirement in a is ordered by the Co- court order. Otherwis the bail bond has be	(name of Bail Colorado Revised Scourt after the bond is e, the person(s) significant revoked, the conditions and the conditions are revoked.	Bond Ag tatutes li posted, I ng this F itions of	pursual pursual pursual pursual pency) Date payment due: Date payment due: Date payment due: miting the payment sche premium will be returned premium Payment Plan in the bond have changed in t	ant to the following payment sched dule to 4 payments.)
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Payment #1: Amour Payment #2: Amour Payment #3: Amour Payment #4: Amour (NOTE: There is If a refund of premium time specified by the coregardless of whether thas changed. The person(s) signing is surance Producer	ant of Payment \$: ant of Payment and an is ordered by the Cocourt order. Otherwise the bail bond has been below acknowledges	(name of Bail) Colorado Revised Significant after the bond is e, the person(s) significan revoked, the conditions receiving a copy of the person is receiving a copy of the person is received.	ed above Bond Ag tatutes li posted, ng this F itions of	pursual pursual pursual pursual pursual parency) Date payment due: Date payment due: Date payment due: miting the payment scheoremium will be returned premium Payment Plan in the bond have changed inium Payment Plan.	ant to the following payment sched dule to 4 payments.) in the amount and within the nust make all payments or the status of the defendant

This document shall not constitute a Premium Receipt. To issue a Premium Receipt, please use a "Premium Receipt Form". Every payment made requires a separate premium receipt.

Form shall be deemed incomplete and non-compliant if not filled out correctly and completely A completed copy of this document must be kept in the Insurance Producer's records.

Debtor Printed Name