

Name of Licensed Insurance Producer Posting Bail Bond:	LEXINGTON NATIONAL INSURANCE CORPORATION P.O. BOX 6098 LUTHERVILLE, MARYLAND 21094-6098 888-888-2245
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(Insurance Producer name, license number, physical address and phone number must be printed or stamped above for delivery of the bond discharge)

## Disclosure Statement

**Combining multiple Bail Bonds on this form is prohibited**

Power of Attorney Number (if available):	Court Case Number or Arrest Number (if assigned):
Bail Bond Amount (\$):	Premium Charged:
Name of Indemnitor:	
Collateral Amount:	Collateral Type: <input type="checkbox"/> Cash <input type="checkbox"/> Real Property <input type="checkbox"/> Other
Full Description of Collateral:	
Court Name and Location (if assigned):	

Pursuant to § 18-13-130, C.R.S., your insurance producer or bail insurance company must return any nonforfeited collateral to you within fourteen (14) days of receiving a copy of the court order that results in the release of the bond by the court. In order to begin this process, you may deliver a copy of the court order resulting in a release of the bond by the court to the insurance producer who posted the bond with the court or the bail insurance company. Pursuant to § 10-2-705(3.5)(d), C.R.S., applicable to the use of real property, your reconveyance of title, certificate of discharge, or a full release of any lien shall be provided within 35 days after receiving notice that the time for appealing an order that exonerated the bail bond has expired.

Insurance producers are regulated by the Colorado Division of Insurance. TO ENSURE THE PROMPT RETURN OF YOUR COLLATERAL, THE DIVISION RECOMMENDS YOU HAND DELIVER THE COURT'S BOND DISCHARGE/BOND RELEASE TO THE INSURANCE PRODUCER WHO POSTED THE BOND AND OBTAIN A RECEIPT FROM THE INSURANCE PRODUCER WHO POSTED THE BOND SHOWING THE DATE YOU DELIVERED THE DISCHARGE/RELEASE. If you deliver the bond discharge/release to the insurance producer who posted the bond by mail, it is suggested to use certified mail, return receipt requested, with another certified mail copy to the bail insurance company.

**YOU SHOULD RETAIN A COPY OF ALL DOCUMENTS RELATED TO THIS BAIL BOND.**

Pursuant to § 10-2-707, C.R.S., the insurance producer who posted the bond with the court, with your consent, may use your collateral to secure the following obligations:

- compliance with the bond issued on behalf of the defendant (which may include costs associated with recovering the defendant should the defendant fail to appear for any court appearance associated with this bond if the court revokes the defendant's bond);
- any balance due on the premium, commission, or fee for the bond; and
- any related costs incurred by the agent as a result of issuing the bond.

**READ ALL AGREEMENTS WITH THE INSURANCE PRODUCER CAREFULLY. BE SURE YOU UNDERSTAND ALL OF THE TERMS YOU ARE AGREEING TO.**

**I have read and understood this Disclosure Statement and consent that the insurance producer in this matter may use my collateral to secure the above obligations.**

\_\_\_\_\_  
Signature of defendant or indemnitor

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Date Signed

Printed Name of Licensed Insurance Producer Issuing Disclosure Statement:	Signature of Licensed Insurance Producer Issuing Disclosure Statement:	Date Signed:
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*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.**