

Lexington National Insurance Corporation

P.O. Box 6098
Lutherville, Maryland 21094
(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
(Date of Appearance)
_____ charge/s: _____
(State "misdemeanor" or "felony")

Now, **LEXINGTON NATIONAL INSURANCE 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 the Defendant and all duly authorized amendments thereof, in whatever court it may be prosecuted, and will at all times hold the Defendant amenable to the orders and process of the court, and, if convicted, will appear for pronouncement of judgment or grant of probation; or, if the Defendant fails to perform either of these conditions, that **LEXINGTON NATIONAL INSURANCE CORPORATION** will pay to the People of The State of California, the bail sum set forth above.

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

NOTE: THIS IS AN APPEARANCE BOND ONLY. THIS BOND CANNOT BE CONSTRUED AS A GUARANTEE FOR FAILURE TO PERFORM ANY OTHER CONDITION OF RELEASE. THIS BOND DOES NOT GUARANTEE PAYMENT OF RESTITUTION, FINES OR WAGE LAW CLAIMS. THIS BOND CANNOT BE USED AS A BOND ON APPEAL.

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 **LEXINGTON NATIONAL INSURANCE CORPORATION** and that I am executing this bond on this _____ day of _____, 20 _____ at _____ (location)

Signature of Licensed Agent

The Premium Charged for this Bond is
\$ _____

Approved this _____ day of _____, 20 _____

Title