

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 #, physical address and phone # must be printed or stamped above)

COLORADO PREMIUM PAYMENT PLAN

Combining multiple Bail Bonds on this form is prohibited

Defendant's Name	Bail Bond Amount
Court Name (if assigned)	Court Case No. (if assigned)

Bail Bond Premium Charged:	
Bail Bond Filing Fee:	
Total Due:	
Amount Paid To Date:	
Balance Owed:	

This is a Premium Payment Plan for the payment of the remaining balance owed for the issuance and posting of the bail bond described above.

1. I, Debtor, promise to pay the balance to _____ pursuant to the following payment schedule:
(name of Bail Bond Agency)

Payment #1:	Amount of Payment \$:		Date payment due:	
Payment #2:	Amount of Payment \$:		Date payment due:	
Payment #3:	Amount of Payment \$:		Date payment due:	
Payment #4:	Amount of Payment \$:		Date payment due:	

(NOTE: There is no requirement in Colorado Revised Statutes limiting the payment schedule to 4 payments.)

2. If a refund of premium is ordered by the Court after the bond is posted, premium will be returned in the amount and within the time specified by the court order. Otherwise, the person(s) signing this Premium Payment Plan must make all payments regardless of whether the bail bond has been revoked, the conditions of the bond have changed or the status of the defendant has changed.
3. The person(s) signing below acknowledges receiving a copy of this Premium Payment Plan.

Insurance Producer

Debtor

Insurance Producer Signature

Debtor Signature

Date

Insurance Producer Printed Name

Debtor Printed Name

Debtor Signature

Date

Debtor Printed Name

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.

Original – Debtor Copy - Producer