Fairmont Specialty
a division of Crum & Forster

The North River Insurance Company
10777 Westheimer Road, Suite 500 (77042)
P.O. Box 2807 • Houston, Texas 77252-2807
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AGREEMENT FOR SURETY BAIL BOND

Offense_____ Case #_____ Power #_____ Amount_____

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I have read and explained to me and understand the following terms and conditions of **THE NORTH RIVER INSURANCE COMPANY** (hereinafter called **NORTH RIVER**) executing the above listed Surety bail bonds on my behalf:

1. **NORTH RIVER** shall have control and jurisdiction over me during the term for which my bail bond(s) is executed and shall have the right to apprehend and surrender me to the proper officials at any time for violation of my bail bond(s) obligations to the Court and **NORTH RIVER** as provided by law.
2. It is understood and agreed that any one of the following actions by me shall constitute a breach of my obligations to **NORTH RIVER** and that **NORTH RIVER** and/or its Agent shall have the right to forthwith apprehend and surrender me in exoneration of my bail bond(s):
   a. If I depart the jurisdiction of the Court without the written consent of the Court and **NORTH RIVER**, or its Agent.
   b. If I shall move from one address to another or change my phone number without notifying **NORTH RIVER**, and/or its Agent.
   c. If I commit any act which shall constitute reasonable evidence of my intention to cause a forfeiture of my bail bond(s).
   d. If I am arrested and incarcerated for any offense other than a minor traffic violation.
   e. If I make any material false statement in my Bail Bond Application and Contract with **NORTH RIVER**.
3. If I depart the jurisdiction of the Court wherein my bail bond(s) is posted by **NORTH RIVER** for any reason, and I am captured by **NORTH RIVER** and/or its Agent, or any law enforcement agency, in a State other than the one in which my bail bond(s) is posted, I hereby agree to voluntarily return to the State of original jurisdiction, and I hereby waive extradition proceedings and further consent to the application of such reasonable force as necessary to effect such return.
4. I hereby waive any and all rights I may have under Title 28 Privacy Act - Freedom of Information Act, Title 6, Fair Credit Reporting Act, and any such local or State law. I consent to and authorize **NORTH RIVER**, and/or its Agent, to obtain any and all private or public information and/or records concerning me from any party or agency, private or governmental (local, State, Federal), including but not limited to Social Security records, criminal records, civil records, driving records, telephone records, medical records, school records, workers compensation records, employment records. I authorize without reservation, any party or agency, private or governmental (local, State, Federal), contacted by **NORTH RIVER**, and/or its Agent, to furnish any and all private and public information and records in their possession concerning me to **NORTH RIVER**, and/or its Agent.

_____ _____ _____
Signature of Defendant | Date of Birth | Social Security Number

_____ _____
Printed Full Legal Name | Address

_____ _____
Signature of Witness | CITY, STATE, ZIP CODE

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____ , _____

My Commission Expires: _____ _____
Notary Public