



MR. BAIL INC.  
7005 W. FAIRVIEW AVE.  
BOISE, IDAHO 83704  
Local Phone: 208-275-0075 Toll Free: 1-855-4MR-BAIL

### PAYMENT PLAN PROMISSORY NOTE

\$ \_\_\_\_\_ City/Town/County \_\_\_\_\_, State \_\_\_\_\_ Date \_\_\_\_\_

**On demand**, for value received, the undersigned, jointly and severally if more than one, promise to pay to the order of **Mr. Bail Inc.** (Agency) and/or **Universal Fire & Casualty Insurance Company** (Company) \_\_\_\_\_ DOLLARS, at **7005 W. Fairview Ave. Boise, Idaho 83704** with interest thereon at a rate of (10%) ten percent, per annum from call date until fully paid. Interest payable semi-annually. The marker(s) and each endorser (if any) of this promissory note agrees to waive demand, notice of non payment and protest; and in case suit shall be brought for the collection hereof, or the same has to be collected upon demand of any attorney, to pay reasonable attorney's fees and assessable costs, for making such collection. Deferred interest payments to bear interest from maturity at (10%) ten percent, per annum, payable semi-annually.

To the Indemnitor(s) for: \_\_\_\_\_ **(Defendant/Principal)**  
Power#: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

### PAYMENT SCHEDULE

Premium Balance of \$ \_\_\_\_\_ shall be due in full on or before \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
\$ \_\_\_\_\_ (payment amount) to be paid on a ( \_\_\_ weekly \_\_\_ biweekly \_\_\_ monthly \_\_\_ bimonthly) basis.  
Payments begin on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ and continue, until paid in full.  
Special Payment Agreement : \_\_\_\_\_

**(FULL PAYMENT WILL BE DUE ON DEMAND IF ANY BREACH OF THIS PAYMENT PLAN SCHEDULE)**

Defendant/ Indemnitor's Signature: \_\_\_\_\_ Indemnitor's Signature: \_\_\_\_\_  
Print: \_\_\_\_\_ Print: \_\_\_\_\_

Indemnitor's Signature: \_\_\_\_\_ Indemnitor's Signature: \_\_\_\_\_  
Print: \_\_\_\_\_ Print: \_\_\_\_\_

STATE OF: \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ before me  
\_\_\_\_\_ personally appeared \_\_\_\_\_ personally known to me or

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted executed the instrument.

Witness my hand and official seal. \_\_\_\_\_ Notary Public My commission expires: \_\_\_\_\_