

**REQUEST BY INDEMNITOR FOR SURRENDER OF PRINCIPAL  
AND SUBSEQUENT INDEMNITY AGREEMENT**

Defendant \_\_\_\_\_ Power # \_\_\_\_\_ Amount \_\_\_\_\_

Court \_\_\_\_\_ Charge(s) \_\_\_\_\_

Agency \_\_\_\_\_ Phone \_\_\_\_\_

Indemnitor Name \_\_\_\_\_ Phone \_\_\_\_\_

Indemnitor Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Co-Indemnitor \_\_\_\_\_ Phone \_\_\_\_\_

Indemnitor Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, the Indemnitor in the above-mentioned undertaking posted on behalf of \_\_\_\_\_ in the matter of the State of \_\_\_\_\_ Vs. \_\_\_\_\_, hereby request that my liability as Indemnitor on this undertaking be terminated herewith, or as soon as possible, via the surrender of the principal by the Surety. Said surrender and termination of liability is desired by Indemnitor due to Indemnitor's conviction that there has been a substantial increase in risk and hazard of the undertaking.

The undersigned Indemnitor further states and agrees that the Surety herein, or any of his/her employees, agents, general agents and/ or surety companies, shall be and are held harmless and fully indemnified by the undersigned Indemnitor for said surrender, and that said indemnification shall include, but not limited to, investigative fees, court costs, attorney fees, civil judgments and any return of premium.

The undersigned Indemnitor further understands and agrees that his/her liability on the subject undertaking shall continue in full force and effect until the subject bond is ordered exonerated by the court, and said liability is pursuant to the terms and conditions of the standard bail agreement, signed by undersigned Indemnitor, and incorporated and made a part hereof by reference. Indemnitor agrees to fully assist said Surety in the arrest, apprehension and surrender of said principal, and agrees that should such efforts regarding surrender fail, Indemnitor remains fully liable for said undertaking.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

At \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

Indemnitor Signature \_\_\_\_\_

Indemnitor Name (type or print) \_\_\_\_\_

Co-Indemnitor Signature \_\_\_\_\_

Co-Indemnitor Name (type or print) \_\_\_\_\_

Agent \_\_\_\_\_ Phone \_\_\_\_\_