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### **BULLETIN NO. 17-14**

Date: December 11, 2017  
To: All Companies that Offer Bail Bonds  
Re: Bail Bond Installment Agreement

The purpose of this Bulletin is to:

- 1) Rescind and supersede Bulletin 17-09; and
- 2) Advise companies offering bail bonds to consumers that the Insurance Commissioner has adopted a standardized form for bail bond agreements in which a premium is charged for payments made in installments.

The Insurance Commissioner adopted the standardized form as required by Senate Bill 459, entitled “Bail Bond – Installment Contract – Form and Confessed Judgment Prohibition”, which took effect on October 1, 2017. The legislation extends protection to consumers by prohibiting confessed judgment clauses in installment agreements. A confessed judgment clause waives a consumer’s right to assert a defense to enforcement of the agreement.

Moreover, the form contains a Notice to Consumers providing their rights and responsibilities, including:

- (1) A notice advising consumers that the installment agreement remains in effect until all payments have been paid in full; and
- (2) A notice advising consumers that bail bond installment contracts are regulated by the Maryland Insurance Administration.

A copy of the form will be available on the MIA website at <http://www.insurance.maryland.gov>.

Please direct any questions concerning this Bulletin to Erica J. Bailey, Associate Commissioner, Compliance and Enforcement at 410-468-2113 or [erica.bailey@maryland.gov](mailto:erica.bailey@maryland.gov).

AL REDMER, JR.  
Commissioner

signature on original

By: Erica J. Bailey  
Associate Commissioner  
Compliance & Enforcement

## Installment Agreement for Unpaid Premium

I (we), the undersigned person(s), jointly and severally (together and separately), promise to pay to the order of: \_\_\_\_\_ (Bail Bondsman) the principal sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) owed for the bail bond of: \_\_\_\_\_ ("Defendant") in Criminal Case No. \_\_\_\_\_ in the District/Circuit Court of \_\_\_\_\_ City/County, Maryland at the address shown below in the Bail Producer Name and Agency Box according to the following payment plan, which consists of a total of \_\_\_\_\_ installment payments. Payments in the amount of \$ \_\_\_\_\_ shall be paid:

Weekly     Bi-Weekly     Monthly

Payments shall continue until the balance due is paid in full. The first payment is due on: \_\_\_\_\_ and the last payment is due on: \_\_\_\_\_.

1. This installment agreement does not include a confessed judgment clause that waives a consumer's right to assert a legal defense to an action under this installment agreement.
2. This installment agreement continues in force until all payments have been paid in full.
3. This one page installment agreement represents the **entire agreement**. Any changes to this agreement must be in writing and signed by both parties.

I (we) agree to all terms and conditions of this agreement and acknowledge receipt of a copy of this agreement and a receipt showing the amount of the down payment made.

**Bail Bondsman Producer**

**Person(s) Agreeing to Pay:**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Producer License #: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

### NOTICE TO CONSUMERS

**This installment agreement continues in force until all payments have been paid in full. This means that YOU MUST CONTINUE TO PAY THE FULL BALANCE OWED even if the Defendant is arrested again and taken into custody on this matter or any other criminal matter, or the case is decided before you have finished paying the total balance due, or the case is dismissed, or the Defendant does not show up for court.**

**Bail bond installment contracts are regulated by the Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202. Phone: 410-468-2000/ 1-800-492-6116 (toll free)/ 1-800-735-2258 (TTY) [www.insurance.maryland.gov](http://www.insurance.maryland.gov).**

**BAIL BONDSMAN NAME AND AGENCY NAME**

[Include: name, address, phone number(s), and license number(s) for both bail bondsman and agency.]