

For official use only: Agency
Defendant
Bond#(s):

CERTIFICATE OF 8% PREMIUM

Please check the appropriate box, complete the information, attach any required documents and submit to Aladdin Bail Bonds at 721 Mendocino Ave., Santa Rosa CA 95401, or via facsimile to 707-575-8480.

The law office(s) of	located at		
onone, was reta	ined, 20 to represent	gerendant	<u></u>
or the case #(s)		MARAMAN *	
ποmey's Signature	Attorney's Name	Date	
T.			
ignature of Lega! Representative f Law Office	Representative's Name	Date	
roper evidence must be provided to	d with the State Department of Insurance fo ensure legal compliance. Please assist us raturning it to us at your earliest convenient	in protecting this premium acjustme	int for our clien
Union			
	declare: I am a mambas of	lioion /	Union No.
•	. Decigna. I mut a montour or		
(Print Union Member Name)	, declare: I am a member of		
(Print Union Member Name)	, decigate. Tain a member of		
Declarant Signature	Declarant Name (Printed) n card and pay stute or other verifiable proof	Date	
Declarant Signature Shase return form only if copy of whom Military	Declarant Name (Printed) n card and pay stute or other verifiable proof	Date	
Declarant Signature bass return form only if copy of who	Declarant Name (Printed) n cerd and pay stute or other verifiable proof	Date is attached.	* # 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20
Declarant Signature Thease return form only if copy of union Military (Print Military Member's Name)	Declarant Name (Printed) n cerd and pay stute or other verifiable proof	Date is attached.	* # 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20
Declarant Signature Thease return form only if copy of union Military (Print Military Member's Name) am a (Yrsert Title/Rank)	Declarant Name (Printed) n card and pay stute or other vertilable proof	Date is situched. ************************************	* # 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20
Declarant Signature Phase return form only if copy of union Military (Print Military Member's Name) am a (Insert Title/Rank)	Declarant Name (Printed) n card and pay stute or other vertilable proof	Date is situched. ************************************	* # 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20
Declarant Signature Thease return form only if copy of witton Military (Print Military Member's Name) am a (Unsert Title/Rank) eggs1 (Insert Relationship)	Declarant Name (Printed) n cerd and pay stute or other verifiable proof	Date is attached. ***********************************	火 前 32 10 32 32 32 32 39 39 49 49 49 49 49 49
Military (Print Military Member's Name) am a (Insert Title/Rank) declare under penalty of perjury under s	Declarant Name (Printed) n card and pay stute or other vertilable proof	Date Date a situation. and I am the litary Branch) toing is true and correct. I understand t	**************************************
Military (Print Military Member's Name) am a (Insert Title/Rank) declare under penalty of perjury under s	Declarant Name (Printed) n cerd and pay stute or other verifiable proof , declare: in the United States (Insert M of (Print Client Name)	Date Date a situation. and I am the litary Branch) toing is true and correct. I understand t	**************************************
Military (Print Military Member's Name) am a (Insert Title/Rank) egal (Insert Relationship) declare under penalty of perjury under telying on the truthfulness of this declara the day of	Declarant Name (Printed) n card and pay study or other verifiable proof	Date is attached. and I am the litary Branch) oling is true and correct. I understand to any claims arising out of its reliance of Date	hat Two Jinn. (n
Military (Print Military Member's Name) am a (Insert Title/Rank) gal (Insert Relationship) declare under penalty of perjury under telying on the truthfulness of this declara the day of	Declarant Name (Printed) n card and pay stute or other verifiable proof	Date is attached. and I am the litary Branch) oling is true and correct. I understand to any claims arising out of its reliance of Date	hat Two Jinn. (n



ACKNOWLEDGEMENT OF 8% PREMIUM POLICY

Aladdin Bail Bonds maintains an 8% premium rate filed with the State Department of Insurance for (1) Defendants who have retained private defense counsel; (2) Defendants and/or Indemnitors enrolled in a labor union; and (3) Defendants and/or Indemnitors who are members or veterans of the United States Military (and their immediate family members). In order to qualify for the 8% rate, proper evidence must first be received by Aladdin Bail Bonds as set forth below.

- Retained Private Defense Counsel: A letter from the attorney retained or a copy of the contract between attorney and client must be received by Aladdin within thirty (30) days of the bond execution date.
- Union Members: The Indemnitor or Defendant must be currently enrolled in a union or receiving disability or retirement benefits from a union and must provide Aladdin proof within thirty (30) days of the bond execution date. Proof may include (1) a current Union card which displays a future expiration date; (2) a union card combined with a recent pay stub; or (3) proof of payment of current Union dues (not health care cards). If Union proof documents are questionable, a current letter from the Union stating that the member is in good standing will be required. Recent pay stubs, letters from unions, and other proofs reflecting past dates must be dated not more than 30 days from the date of bail bond execution and must show that the customer is in good standing with the organization.
- Active or Honorably Discharged Veteran Members of the U.S. Military and their Immediate Family Members: Defendants and/or Indemnitors who are members of the Military must provide Aladdin proof of Military service within thirty (30) days of the bond execution date. If the customer is immediate family of a member of the Military and does not possess their own Military ID and/or other proof, a signed declaration from the member of the Military along with verification of the member's ID or other proof of service must be received within thirty (30) days of the bond execution date. Immediate family is defined as a legal parent, spouse, child, adopted or foster child, sibling or half sibling. Proof of military service may include a copy of Form DD 214 or recent Leave & Earnings statement dated not more than 30 days from the date of bail bond execution.

If proper evidence is received within the allotted time period defined above, Aladdin will notify all customers by mail that the premium rate has been reduced to 8%. The account balance and supporting documents will also be adjusted to reflect the new rate.

I have read and understood the 8% Premium Policy and agree to its terms:

INDEMNITOR SIGNATURE	PRINT NAME	DATE
DEFENDANT SIGNATURE	PRINT NAME	DATE