

BAIL PRODUCER: [stamp must include name, address, phone no. and license no.]

**Seneca Insurance Company, Inc.**  
157 MAIN STREET, GREENVILLE, PA 16125  
P.O. BOX 806, GREENVILLE, PA 16125  
(800) 245-0366 | FAX (724) 588-8801  
EMAIL: COURTNOTICES@CFINS.COM

**CONNECTICUT ADDENDUM  
TO  
INDEMNITOR APPLICATION AND AGREEMENT**

This Connecticut Addendum (“Addendum”) is attached to and forms part of the Indemnitor Application and Agreement signed, sealed and delivered by you as Indemnitor (“Agreement”) and is incorporated into the Agreement by this reference. Any capitalized terms used in this Addendum without definition shall have the meanings assigned to these terms by the Agreement.

1. The collateral, less any amounts due to the bail producer or Surety as permitted by law, shall be returned to the person whose name appears as Depositor on the Collateral Receipt within twenty-one (21) days after the bail producer receives a written report from the court that the Bond has been terminated.

2. If the Defendant fails to appear and the Bond is forfeited as a result, the bail producer or Surety will promptly return any amount of collateral in excess of the face value of the Bond, less expenses incurred because of the Defendant’s failure to appear.

3. Except as expressly provided in this Addendum, all terms and conditions of the Agreement remain in full force and effect. In the event of a conflict between the terms and conditions of the Agreement and this Addendum, this Addendum shall control.

4. This Addendum shall be attached to every Indemnitor Application and Agreement entered into in the State of Connecticut.

Signed, sealed and delivered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Defendant’s Name

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

\_\_\_\_\_  
Bond Amount

\_\_\_\_\_  
Printed Name of Indemnitor