

 <p><b>TOKIO MARINE HCC</b></p> <p>U.S. SPECIALTY INSURANCE COMPANY 601 South Figueroa Street, Suite 1600 Los Angeles CA 90017 phone: main 800 680 2245 email: <a href="mailto:bailbonds@tmhcc.com">bailbonds@tmhcc.com</a></p>	<p>BAIL PRODUCER: [stamp must include name, address, phone no., e-mail and license no.]</p>
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**BAIL BOND PREMIUM RECEIPT AND STATEMENT OF CHARGES**

**RECEIPT NO.:** \_\_\_\_\_

***I understand that the premium owing or paid is fully earned upon the defendant's release from custody, and that any renewal premium is fully earned upon payment, and the fact that the defendant may have been improperly arrested, re-arrested, the case dismissed, or the bail reduced shall not obligate the return or forgiveness of any portion of any premium except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Bail Bond Application and Agreement.***

1. Today's Date: \_\_\_\_\_ Date of Defendant's Arrest: \_\_\_\_\_
2. Amount Received: \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)
3. In the form of:  Cash  Check  Money Order  Credit Card  Other: \_\_\_\_\_
4. Payer's Full Name: \_\_\_\_\_
5. Payer's Address: \_\_\_\_\_  
(Street address) (City) (State) (Zip)
6. In connection with (a) Bail Bond(s) for Defendant: \_\_\_\_\_  
(Defendant's full name)
7. Bail Bond Amount(s): \_\_\_\_\_ Power Nos (if known) \_\_\_\_\_
8. Date of Defendant's Release on Bail: \_\_\_\_\_
9. Court Name and address: \_\_\_\_\_
10. Date & Time of next required Court Appearance: \_\_\_\_\_
11. Charge(s): \_\_\_\_\_
12. Bail bond premium: \$ \_\_\_\_\_
13. Itemized expense #1 description: \_\_\_\_\_ \$ \_\_\_\_\_  
(if and as permitted by applicable law)
14. Itemized expense #2 description: \_\_\_\_\_ \$ \_\_\_\_\_  
(if and as permitted by applicable law)
15. Total Charges: (premium plus any itemized expenses shown above) \$ \_\_\_\_\_
16. Amount Paid: \$ \_\_\_\_\_
17. Balance Due: \$ \_\_\_\_\_
18. Was collateral taken?  Yes  No (If "Yes", collateral receipt # \_\_\_\_\_)

All other documents executed by Defendant, Indemnitor(s), me, or other party related to the Bail Bond(s) are incorporated into and made a part hereof by reference.

Paid by: \_\_\_\_\_  
Payor Signature

Received by: \_\_\_\_\_  
Producer/Representative Signature

\_\_\_\_\_  
Payor name (printed)

\_\_\_\_\_  
Producer/Representative name (printed)