

Seneca Insurance Company, Inc.

160 Water Street, 16th Floor

New York, NY 10038

(212) 344-3000

RECEIPT FOR COLLATERAL DEPOSITED

No. _____

This _____ day of _____ 20____

received of _____

Name of Depositor

Address

as security for the execution of Bail Bond written in the sum of \$ _____

on behalf of defendant _____ the following

described collateral _____

Said Collateral is deposited as security for the payment of any sums which may become due to the Agency or the "Surety" by the terms of the Bail Bond Agreement executed by the said Defendant and Indemnitors, all of the terms of which are made a part of his/her receipt by this reference.

Above conditions are agreed to:

X
SIGNATURE OF DEPOSITOR _____ DATE _____

ADDRESS _____

X
SIGNATURE OF DEPOSITOR _____ DATE _____

ADDRESS _____

RECEIPT FOR RETURN OF COLLATERAL

RETURNED BY _____ DATE _____

DEPOSITOR _____

DEPOSITOR _____

TO RELEASE COLLATERAL YOU MUST OBTAIN A BAIL BOND DISCHARGE FROM THE COURT HAVING FINAL JURISDICTION.

- THIS IS NOT A NEGOTIABLE INSTRUMENT -

RECEIPT AND STATEMENT OF CHARGES

NAME AND ADDRESS OF BAIL BOND AGENT

TELEPHONE # _____

BY (Print Name) _____

X
SIGNATURE

RECEIVED OF:

NAME _____

ADDRESS _____

Expenses (Itemize in detail, such as Guard Fees, Recording Fees, Notary Fees, Long Distance Calls, Telegrams, Travel and other actual, unusual expenses.)

MEMORANDUM OF BAIL BOND FURNISHED

DEFENDANT _____ \$ _____ AMOUNT OF BOND _____ DATE FILED _____

DATE TO APPEAR _____ TIME _____ CHARGES _____

CASE NO. _____ COURT _____ CITY _____

DATE RELEASED _____

X
RECEIVED COPY OF ABOVE RECEIPT AND MEMO (SIGNATURE OF DEFENDANT OR DEPOSITOR)

POWER NUMBER

Date _____ 20____

\$ _____
BAIL BOND PREMIUM

\$ _____
MISC. CHARGES

\$ _____
TOTAL CHARGES

\$ _____
RECEIVED ON ACCOUNT

\$ _____
BALANCE

WAS COLLATERAL TAKEN?
IF YES, USE COLLATERAL RECEIPT.

YES NO