REPORT NO. PAGE OF PAGES

CRUM & FORSTER INDEMNITY COMPANY

AGENT'S BAIL REPORT

REPORTING AGENT	AGENT NO.	REPORT DATE

POWER NUMBER	DATE POSTED MON	DAY	YR	DEFENDANT	BOND AMOUNT	GROSS PREMIUM	NET PREMIUM	COLLATERAL BUF
TOTAL BONDS REPORTED				**TOTALS**				

BOND COST SUMMARY

PREMIUM DUE

$_____
(GROSS PREMIUM)

X _____ %
(YOUR CONTRACT RATE)

$_____
(NET PREMIUM DUE)

_____
CHECK NO.

BUF DUE

(TOTAL LIAB x CONTRACT RATE)

$_____

_____
CHECK NO.

PAYABLE TO YOURSELF

FEES DUE

_____
OF BONDS EXECUTED

X _____
(FEE PER BOND)

$_____
(DUE)

_____
CHECK NO.