

SENECA INSURANCE COMPANY, INC.  
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(713) 954-8100 • (713) 954-8389 FAX  
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BAIL PRODUCER (stamp must include name, address, phone no., Email and license no.)

**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. 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.*

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 and Time of next required Court Appearance: \_\_\_\_\_
11. Charge(s): \_\_\_\_\_
12. Bail Bond Premium: \$ \_\_\_\_\_
13. Bail Bond Premium Paid: \$ \_\_\_\_\_
14. Balance Due: \$ \_\_\_\_\_
15. 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: \_\_\_\_\_ Received by: \_\_\_\_\_  
Payor Signature Payor Name (printed) Producer/Representative Signature Producer/Representative Name (printed)