

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

BAIL PRODUCER (stamp must include name, address, phone no., Email and license no.)

VERMONT 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. 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: \_\_\_\_\_ Received by: \_\_\_\_\_  
Payor Signature Producer/Representative Signature

\_\_\_\_\_  
Payor Name (printed)

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