

COMPANY

**Bankers Insurance Company**

11101 Roosevelt Blvd N  
 St Petersburg, FL 33716  
 Phone: (800) 627-0000

PRODUCER

RECEIPT # \_\_\_\_\_

**DESCRIPTION OF BAIL BOND ISSUED**

DEFENDANT LAST NAME	MIDDLE NAME	FIRST NAME	DATE OF BIRTH
BOND AMOUNT \$	CASE NUMBER	POWER NUMBER	CHARGES AGAINST DEFENDANT
COURT NAME AND LOCATION	APPEARANCE DATE	TIME	

**COLLATERAL RECEIPT**

**This is an important legal document. Keep it in a safe place.**

COLLATERAL AMOUNT \$	NAME, ADDRESS AND PHONE of person tendering the collateral.
DESCRIPTION OF COLLATERAL TENDERED <input type="checkbox"/> Cash <input type="checkbox"/> Real Property <input type="checkbox"/> Other (Attach list if necessary)	If applicable. Check here: <input type="checkbox"/> No collateral, no cash taken  PERSONAL INDEMNITY ONLY
LIST OTHER RECEIPT NUMBERS APPLICABLE TO THIS TRANSACTION, IF ANY:	

**A BAIL BOND REMAINS IN FULL FORCE AND EFFECT UNTIL DISCHARGED BY THE COURT**

**Real Property HAS  / HAS NOT  [check one] been pledged as collateral security.**

All collateral that is received by the Producer will be held without use, subject to the terms of the Bail Contract. Collateral is held by the Producer, in trust, for **Bankers Insurance Company** under the terms of the Bail Contract, which is incorporated herein by reference. Collateral will be returned after the Surety receives a Certificate of Discharge, or a true copy of the court order releasing and discharging the Bail Bond. It is Indemnitor's responsibility to provide Surety with this documentation. Collateral will be return within fourteen (14) working days. Trust Deeds will be returned within thirty-five (35) working days. Documentation of the release and discharge of the Bail Bond must be presented to the Producer at the address that appears above. Collateral will only be returned to the same person who pledged the collateral. The Producer is not obligated to permit any exchange of collateral. If the bail bond is not posted within twenty-four hours of receipt of full payment, or a signed contract for payment, collateral must be returned and the lien released within forty-eight hours.

**Producer acknowledges RECEIPT of the collateral described above as of this date:**

PRODUCER NAME (s. 10-2-705)	SIGNATURE	DATE SIGNED
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**CONSUMER ACKNOWLEDGEMENT:**

**I HAVE BEEN GIVEN AN ORIGINAL SIGNED RECEIPT FOR ALL PREMIUM AND COLLATERAL TAKEN BY THE PRODUCER IN CONNECTION WITH THIS BAIL TRANSACTION.**

CONSUMER NAME	SIGNATURE	DATE
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**RECEIPT FOR RETURN OF COLLATERAL**

*(IMPORTANT: DO NOT SIGN THIS RECEIPT UNTIL THE COLLATERAL IS RETURNED TO YOU!)*

**I herewith acknowledge that the collateral identified above has been returned to me.**

CONSUMER NAME	SIGNATURE	DATE SIGNED
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A completed copy of this notice must be kept in the Producer's permanent file.