

BAIL PRODUCER: [stamp must include name, address, phone no. and license no.]

**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

**COLLATERAL RECEIPT**

DO NOT LOSE THIS RECEIPT

RECEIPT NO.: \_\_\_\_\_

1. DATE: \_\_\_\_\_
  2. DEPOSITOR'S NAME: \_\_\_\_\_
  3. ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)
  4. PHONE NUMBERS: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_
  5. The person named on line two (2) above ("Depositor" or "you") has deposited the following collateral: In the amount of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) paid by way of:  Cash;  Check;  Other (Itemize and describe source of other: \_\_\_\_\_)  
If collateral is other than money, check the following:  Vehicle  Mortgage Agreement  Other, describe and specify condition)
- The above collateral is placed as security for the bail bond(s), premium owed, if any, and all lawful costs incurred due to underwriting the bail bond(s) for the following:
6. DEFENDANT: \_\_\_\_\_ CASE NO.: \_\_\_\_\_  
(Defendant's Full Name)
  7. BOND AMOUNT: \$ \_\_\_\_\_ POWER NUMBER: \_\_\_\_\_
  8. COURT: \_\_\_\_\_ CHARGES: \_\_\_\_\_
  9. RECEIVED BY: \_\_\_\_\_  
Signature of Bail Producer Printed Name of Bail Producer
  10. COLLATERAL HELD BY (check one):  Bail Producer  Surety  Managing General Agent

**Except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Indemnitor Application and Agreement ("Agreement"), you are depositing the collateral as security for the payment of any and all monies and sums due to surety or its producers, including all liability, claims, demands, debts (including promissory notes), damages, judgments, losses, interest, premiums, expenses, services charges, expenditures, attorneys' fees and costs suffered, sustained, made or incurred by surety or its producers on account of, arising out of or relating to the above bail bond and transactions contemplated thereby, your failure to comply with the terms and conditions of the Agreement and any and all debt or other obligations arising out of or evidenced by any agreement executed by you, Defendant or any other indemnitor(s) for the benefit of surety or its producer, all of the terms of which are made a part of this receipt by this reference ("Liabilities").**

**NOTE:** Unless a properly drawn, executed and notarized legal assignment document is accepted and acknowledged by the surety or its designee, the collateral listed above will be returned only to you. Except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Indemnitor Application and Agreement, the collateral shall be returned to you, your heir, legal representative or successor in interest (less any Liabilities) within 30 days after all of the following are satisfied: (i) surety receives competent written legal evidence satisfactory to surety (such as, for example, written notice from the court) of surety's discharge or release from all liability under the above bail bond; (ii) there are no outstanding Liabilities; (iii) there are no other outstanding bonds or obligations executed by, for or on behalf of you or Defendant in connection with which the surety may deem it advisable to retain such collateral for its protection; and (iv) upon surety's request, you shall have executed and delivered to surety a general release upon surety's return of the collateral to you.

11. In Florida, if you are using a credit card to provide collateral, you are required to pay an additional credit card fee in the following amount: \$ \_\_\_\_\_
12. Florida Administrative Code Rule 69B-221.120: For any complaints or inquiries, the consumer may contact the Department of Financial Services, Division of Consumer Services, Bail Bond Section, 200 East Gaines Street, Tallahassee, FL 32399-0322, 1-877-693-5236 (in-state)
13. In Alaska, a complaint or dispute regarding the taking, use, or release of this collateral may be reported to the Department of Commerce, Community, and Economic Development, Division of Insurance, Robert B. Atwood Building, 550 W. 7th Avenue, Suite 1560, Anchorage, Alaska 99501-3597, if the complaint or dispute is not resolved in 45 working days.
14. You hereby acknowledge receipt of a copy of this document and of all documents referenced above, and the above conditions are understood and agreed to:

\_\_\_\_\_  
DEPOSITOR'S SIGNATURE

**RECEIPT FOR RETURN OF COLLATERAL**

You hereby surrender the original of this collateral receipt and acknowledge the return and receipt of collateral listed above. The collateral has been returned in good and sufficient condition and you hereby relieve the surety and its producer from any further liability or responsibility in relation to the collateral. You have received the items listed below:

TOTAL AMOUNT RETURNED \$ \_\_\_\_\_

Other collateral returned: \_\_\_\_\_

Received by: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature Signature of Bail Producer