

**COLLATERAL RECEIPT**  
**DO NOT LOSE THIS RECEIPT**

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

**First Community Insurance Company**  
**11101 Roosevelt Blvd N**  
**St. Petersburg, FL 33716**  
**800-627-0000**

Bail Producer Stamp: [must include name, address, phone no. and license no.]

- DATE: \_\_\_\_\_
- DEPOSITOR'S NAME: \_\_\_\_\_  
First Middle Last
- ADDRESS \_\_\_\_\_  
Street City State Zip
- PHONE NUMBERS: HOME \_\_\_\_\_ WORK \_\_\_\_\_ MOBILE \_\_\_\_\_
- 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 \_\_\_\_\_  
(i.e., cash, check no., money order no., credit card)
  - If a credit card was used for payment of collateral, you will be charged a credit card fee of \$ \_\_\_\_\_ Dollars.
  - Other (Itemize and describe, including the value, if collateral is other than money 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:**

- DEFENDANT: \_\_\_\_\_ ("Defendant") CASE NO.: \_\_\_\_\_  
First Middle Last
- BOND AMOUNT: \$ \_\_\_\_\_ POWER NOS: \_\_\_\_\_ BOND NO.: \_\_\_\_\_
- COURT: \_\_\_\_\_ CHARGES: \_\_\_\_\_
- RECEIVED BY: \_\_\_\_\_  
Signature of Bail Producer Printed Name of Bail Producer
- 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, demands, damages, judgments, interest, 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").**

The bail producer will make the collateral available for return to the person whose name appears as Depositor on the Collateral Receipt (or that person's heir, legal representative, or successor in interest) within 10 days after receiving written notice from the court that the Bond and the Surety have been exonerated, and must verify with the court that the obligation has been exonerated before returning the Bond.

If the collateral you provided included a document that conveys title to a lien on real property and such document was recorded, the bail producer or Surety shall deliver a reconveyance of the property, executed in such a manner that it may also be recorded, to you or your heir, legal representative or successor in interest within 10 working days after the bail producer or Surety receives notice of the exoneration of the Bond in writing by the court. The bail producer or Surety shall deliver such reconveyance document to you by making the document available at its principal place of business or mailing it to you upon your request.

The bail producer or Surety will not return any collateral to you until you provide the written receipt that identifies the Bond, describes the collateral, and shows your signature and the date returned.

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.

DATE: \_\_\_\_\_ You have received the items listed below:  
TOTAL AMOUNT RETURNED \$ \_\_\_\_\_  
Other collateral returned \_\_\_\_\_

Received by: \_\_\_\_\_ Returned by: \_\_\_\_\_  
Print Name Print Name of Bail Producer  
\_\_\_\_\_  
Signature Signature of Bail Producer

**NOTICE FOR FLORIDA RESIDENTS:** For any complaints or inquiries, you may contact the Department of Financial Services, Bail Bond Section, 200 E. Gaines Street, Tallahassee, FL 32399-0320, (850) 413-5660.

**THIS FORM IS NOT FOR USE IN ALASKA, ARKANSAS, COLORADO OR NEW MEXICO**

**White - Producer Copy • Yellow - Depositor Copy**