

Collateral to be held by:
 Agency Named Below
 Surety Corp. of America
 U.S. Specialty Ins. Co

RECEIPT FOR COLLATERAL DEPOSITED

U.S. Specialty Insurance Company
 601 S. Figueroa Street • Suite 1600 • Los Angeles, CA 90017 • (310) 649-2663
National Managing General Agent:
 SURETY CORPORATION OF AMERICA
 1000 NW 14th Street • Miami, FL 33136 • TOLL FREE: 877-722-2245

Receipt Number

US 0000

RECEIVED OF OWNER:

NAME	DATE OF BIRTH	PHONE	POWER NO. X
ADDRESS	CITY STATE ZIP	EMAIL	DATE

As security for the execution of this Bail Bond written in the sum of \$ _____ on behalf of defendant _____
 the following collateral: Cash – Amount \$ _____ Note & Mortgage – Amount \$ _____ Other – describe: _____ **From Note & Indem. Agreement**
 This collateral is assigned to: _____ Cross – Collateralized with Power # _____ Name _____

BAIL AGENCY RECEIVING COLLATERAL Integrity Bail Bonds Inc. 13585 49th Street (N) Clearwater, Florida 33762 (727) 592-0744	RECEIVED BY (Print Licensed Agent Name) SIGNATURE OF LICENSED AGENT X
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Said Collateral is deposited as security for the payment of any sums which may become due to the Agent of the "Surety" by the terms of the Bail Bond Agreement executed by the said Defendant and Indemnitors, all of the terms of which are made a part of this receipt by this reference. For any inquiries or complaints, you may contact the above agent or Department of Insurance, Bail Bond Section, 200 E. Gaines Street, Tallahassee, Florida 32399-0320, (850) 413-5660

THE ABOVE CONDITIONS ARE AGREED TO:

X SIGNATURE OF OWNER	ADDRESS	DATE
X SIGNATURE OF OWNER	ADDRESS	DATE

RECEIPT FOR FULL RETURN OF COLLATERAL		
RETURNED BY (Agent Signature)	RECEIVED BY (Owner Signature)	DATE

PREMIUM RECEIPT AND STATEMENT OF CHARGES

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RECEIVED OF:

NAME	PHONE	POWER NUMBER X
ADDRESS	CITY STATE ZIP	EMAIL DATE
EXPENSES (e.g., guard fees, notary fees, long distance calls, credit card fees, recording fees, stamp taxes, electronic monitoring, travel and other actual unusual expenses, where not prohibited by law)		BAIL BOND PREMIUM \$
NA		MISC. \$
NAME AND ADDRESS OF BAIL AGENCY Integrity Bail Bonds Inc. 13585 49th Street (N) Clearwater, Florida 33762 (727) 592-0744	RECEIVED BY (Print Agent Name)	TOTAL CHARGES \$
	SIGNATURE OF LICENSED AGENT	RECEIVED ON ACCOUNT \$
		BALANCE \$
<input checked="" type="checkbox"/> WAS COLLATERAL TAKEN (If "Yes," use Collateral Receipt) <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAYMENT ON BOND	Amount \$ _____ Power # _____

MEMORANDUM OF BAIL BOND FURNISHED

DEFENDANT	CHARGE	AMOUNT OF BOND \$	DATE FILED
DATE RELEASED	DATE TO APPEAR	TIME	
CASE NO.	COURT	CITY	

RECEIVED COPY OF THE ABOVE RECEIPT (Signature of Defendant / Collateral Owner)

X