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, and 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 the premium except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Bail Bond Application and Agreement.

1. 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 Name: _____ First _____ Middle _____ Last
5. Payer's Address: _____ Street _____ City _____ State _____ Zip
6. In connection with a Bail Bond(s) for Defendant: _____ First _____ Middle _____ Last
7. Bail Bond Amount(s):_____ Power Nos. (if known):_____
8. Date of Defendant's Release on Bail_____
9. Court Name & Address _____
10. Date & Time of Next Required Court Appearance _____
11. Charged with:_____
12. Bail Bond Premium $_____
13. Itemized Expenses (if and as permitted by applicable law):

    _____ $ _____

    _____ $ _____
14. Total Charges (premium plus any itemized expenses): $ _____
15. Amount Paid: $ _____
16. Balance Due: $ _____
17. 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:

_____
PAYER SIGNATURE

_____
PAYER NAME (PRINTED)

RECEIVED BY:

_____
PRODUCER/REPRESENTATIVE SIGNATURE

_____
PRODUCER NAME (PRINTED)

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

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

White – Producer Copy • Yellow – Payer Copy

BIC9921940414

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