



UNIVERSAL
FIRE & CASUALTY
INSURANCE COMPANY

3214 Chicago Drive
Hudsonville, Michigan 49426
(800) 874-8742 * (616) 662-4460 FAX

PRODUCER:

LICENSE No:

ADDRESS:

PHONE:

RECEIPT NUMBER

Copy Provided

(Insurance Producer name, license number, physical address and phone number must be printed or stamped above)

Bail Bond Information

Defendant Last Name	Middle Name	First Name	Power Number
Bail Bond Amount	Court Case No.	Court Name (if assigned)	

PAYMENT is accepted this _____ day of _____, 20_____ for the services and in the form as described below:

Amount Received \$ _____		Payment Type <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER			
Payment For (Check all that apply)	Fees & Expenses	Collateral	Reason for Action		
	<input type="checkbox"/> Court or Jail Fee \$ _____ <input type="checkbox"/> Premium Installment \$ _____ <input type="checkbox"/> Premium Refund \$ _____ <input type="checkbox"/> Recovery Expense/Fees \$ _____ <input type="checkbox"/> Collateral Storage Fees \$ _____ <input type="checkbox"/> Travel Fees \$ _____	<input type="checkbox"/> Collateral - Increase <input type="checkbox"/> Collateral - Decrease <input type="checkbox"/> Collateral - Substitution <input type="checkbox"/> Collateral - Return of Cash <input type="checkbox"/> Collateral - Return of Property <input type="checkbox"/> Collateral - Reconveyance <input type="checkbox"/> Collateral - Return / Excess Proceeds	<input type="checkbox"/> Bond Exonerated <input type="checkbox"/> Bond Revoked <input type="checkbox"/> Forfeiture Remission <input type="checkbox"/> Bond Not Posted <input type="checkbox"/> Bond Forfeiture / FTA <input type="checkbox"/> Installment Payment <input type="checkbox"/> Other (please specify): _____ _____ _____		
Individual Providing Receipt <i>Producer receiving money and/or providing document to indemnitor</i>		Print Name		Signature (CRS 10-2-705)	Date
Individual Initiating Action <i>Individual providing money or documents to Producer</i>		Print Name		Signature	Date
		Address (City, State, Zip)			Phone