


Appendix E: Premium Receipt Form

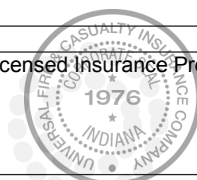
 <p align="center"> UNIVERSAL FIRE & CASUALTY INSURANCE COMPANY 3214 Chicago Drive Hudsonville, Michigan 49426 (800) 874-8742 * (616) 662-4460 FAX </p>	PRODUCER:
	LICENSE No:
	ADDRESS:
	PHONE:

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

PREMIUM RECEIPT
 Combining multiple Bail Bonds on this form is prohibited

Power of Attorney Number:		Prenumbered Receipt Number:	
Description of Bail Bond Issued			
Defendant Last Name:		Middle Name:	First Name:
Bond Amount (\$):			
Court Name and Location (if assigned):		Court Case Number (if assigned):	
Premium Receipt Information			
Bond Premium Charged:	Filing Fee/Jail Posting Fee:	Total Due for Premium/Posting/Filing Fees:	
Amount of Premium Received:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Describe below)	Balance of Premium Due (<i>payment terms must be in writing and set forth in the Premium Payment Plan</i>):	
Received from Printed Name:			
Date Received:	Purpose:		

Printed Name of Licensed Insurance Producer Receiving Payment:	Signature of Licensed Insurance Producer Receiving Payment:	Date:
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ACKNOWLEDGEMENT: <i>I HAVE BEEN PROVIDED A COPY OF THIS PREMIUM RECEIPT</i>	
Payer Printed Name:	Date:

If a refund of premium is ordered by the Court after the bond is posted, premium will be returned in the amount and within the time specified by the court order. If the bail bond is not posted within twenty four hours, as required by law, all monies paid must be returned within seven days (7) after receipt of good funds. A separate Premium Receipt shall be prepared each time an insurance producer posts a Bail Bond with the court.

Form shall be Deemed Incomplete and Non-Compliant if not filled out correctly and completely

A completed copy of this document must be kept in the Insurance Producer's records.