



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

# RECEIPT FOR COLLATERAL DEPOSITED

CONTROL NO. \_\_\_\_\_

DATE \_\_\_\_\_ BOND NO. \_\_\_\_\_

Received from:

DEPOSITOR NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

as security for the execution of this Bail Bond written in the sum of \$ \_\_\_\_\_ on behalf of defendant \_\_\_\_\_

the following described collateral \_\_\_\_\_

Said collateral is deposited as security for the payment of any sums which may become due to the Agency or "Surety" by the terms of the Bail Bond Agreement(s) executed for said Bond(s) by the said Depositor and Indemnitors; all of the terms of which are made a part of this receipt by this reference.

Use of collateral or premium receipt forms other than those authorized by Universal Fire & Casualty Insurance Company is prohibited. Universal Fire & Casualty Insurance Company is not responsible for cash or other valuables in connection with this bond unless listed in the appropriate collateral portions of this form. Collateral will be returned only to depositor. No collateral will be returned until the Court has furnished written evidence the bond has been exonerated and this receipt is returned.

**The above conditions are understood and agreed to:**

DEPOSITOR SIGNATURE \_\_\_\_\_

DEPOSITOR SIGNATURE \_\_\_\_\_

Collateral maintained in custody of:  agent  managing agent  surety

BY (Print Name) \_\_\_\_\_ AGENCY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Attorney in Fact, in Trust for **Universal Fire & Casualty Insurance Company** (Signature) \_\_\_\_\_

## RECEIPT FOR RETURN OF COLLATERAL

DATE RETURNED \_\_\_\_\_

RETURNED BY: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_