



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

PRODUCER:

LICENSE No:

ADDRESS:

PHONE:

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

COLLATERAL RECEIPT

Combining multiple Bail Bonds on this form is prohibited

Power of Attorney Number:		Prenumbered Receipt Number:	
Defendant Last Name:	Middle Name:	First Name:	
Bond Amount (\$):	Premium Charged:		
Court Name and Location (if assigned):		Court Case Number (if assigned):	
Collateral Type: <input type="checkbox"/> Cash <input type="checkbox"/> Real Property <input type="checkbox"/> Other			
Collateral Amount:			
Full Description of Collateral (If NOT filled out, form shall be deemed incomplete and non-compliant):			
Name of Person Tendering Collateral:		Address of Person Tendering Collateral:	Phone Number of Person Tendering Collateral:

Printed Name of Licensed Insurance Producer Receiving Collateral:	Signature of Licensed Insurance Producer Receiving Collateral:	Date Signed:
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ACKNOWLEDGEMENT:

I HAVE BEEN PROVIDED A COPY OF THIS COLLATERAL RECEIPT

Printed Name of Person Pledging Collateral:	Signature of Person Pledging Collateral:	Date:
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Collateral will be returned after receipt of a copy of the Court Order that results in a release of the bond by the Court. Collateral will be returned within twenty one (21) calendar days after depositor has provided written proof of bond discharge to the surety or agency. If the bail bond is not posted after full payment or a signed for payment, collateral must be returned and the lien released forthwith.

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.