

COLLATERAL RECEIPT

RECEIPT NO.: _____

DO NOT LOSE THIS RECEIPT

Surety

Lexington National Insurance Corporation
P.O. Box 6098
Lutherville, Maryland 21094
Phone: 888-888-2245
E-mail: Info@lexingtonnational.com

Bail Producer Stamp: [must include name, mailing address, E-mail address, phone # and license #]

Fire Line Bail Bonds
1395 NW 15th Street
Miami, Florida 33125
bonds@firelinebailbonds.net

- 1. DATE _____
- 2. DEPOSITOR'S NAME _____
- 3. ADDRESS _____

First	Middle	Last
Street	City	State
		Zip
- 4. PHONE NUMBERS HOME # _____ WORK # _____ MOBILE # _____
- 5. The person named on line two (2) above ("Depositor" or "you") has deposited the following collateral:
 In the amount of _____ Dollars (\$ _____) paid by _____ way of (i.e., cash, check no., money order no.) _____
 Other (Itemize and describe, including the value, if collateral is other than money and specify condition) _____

The above collateral is placed as security for the bail bond(s), premium owed, if any, and all lawful costs incurred due to underwriting the bail bond(s) for the following:

- 6. DEFENDANT _____ ("Defendant") CASE NO. _____

First	Middle	Last
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- 7. BOND AMOUNT(S) \$ _____ POWER NO(S) _____ BOND NO(S): _____
- 8. COURT _____ CHARGES _____
- 9. RECEIVED BY _____

Signature of Bail Producer	Printed Name of Bail Producer
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- 10. COLLATERAL HELD BY (**check one**): Bail Producer Surety Managing General Agent

Except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Indemnitor Application and Agreement ("Agreement"), you are depositing the collateral as security for the payment of any and all monies and sums due to Surety or its producers, including all liability, demands, damages, judgments, interest, attorneys' fees and costs suffered, sustained, made or incurred by Surety or its producers on account of, arising out of or relating to the above bail bond and transactions contemplated thereby, your failure to comply with the terms and conditions of the Agreement and any and all debt or other obligations arising out of or evidenced by any agreement executed by you, Defendant or any other indemnitor(s) for the benefit of Surety or its producer, all of the terms of which are made a part of this receipt by this reference ("Liabilities").

The bail producer will make the collateral available for return to the person whose name appears as Depositor on this Collateral Receipt (or that person's heir, legal representative, or successor in interest) within 10 days after receiving written notice from the court that the Bond and the Surety have been exonerated, and that no Liabilities remain open or unpaid.

If the collateral you provided included a document that conveys title to a lien on real property and such document was recorded, the bail producer or Surety shall deliver a reconveyance of the property, executed in such a manner that it may also be recorded, to you or your heir, legal representative or successor in interest within 10 working days after the bail producer or Surety receives notice of the exoneration of the Bond in writing by the court. The bail producer or Surety shall deliver such reconveyance document to you by making the document available at its principal place of business or mailing it to you upon your request.

The bail producer or Surety will not return any collateral to you until you provide the written receipt that identifies the Bond, describes the collateral, and shows your signature and the date returned.

You hereby acknowledge receipt of a copy of this document and of all documents referenced above, and the above conditions are understood and agreed to.

DEPOSITOR'S SIGNATURE

RECEIPT FOR RETURN OF COLLATERAL

You hereby surrender the original of this collateral receipt and acknowledge the return and receipt of collateral listed above. The collateral has been returned in good and sufficient condition and you hereby relieve the Surety and its producer from any further liability or responsibility in relation to the collateral.

DATE: _____ You have received the items listed below:

TOTAL AMOUNT RETURNED \$ _____

Other collateral returned _____

Received by: _____	Returned by: _____
Print Name	Print Name of Bail Producer
Signature	Signature of Bail Producer

NOTICE FOR FLORIDA RESIDENTS: For any complaints or inquiries, you may contact the Department of Financial Services, Bail Bond Section, 200 E. Gaines Street, Tallahassee, FL 32399-0320, (850) 413-5660.

THIS FORM IS NOT FOR USE IN ALASKA, ARKANSAS, COLORADO OR NEW MEXICO

White – Producer Copy • Yellow – Depositor Copy