

SURETY: Seneca Insurance Company, Inc. 160 Water St. 16 th Floor New York NY 10038 212-344-3000	BAIL PRODUCER: [stamp must include name, address, phone no. and license no.]
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Bail Bond Premium Receipt and Statement of Charges

Receipt No.: _____

I understand that the premium owing or paid is fully earned upon the defendant's release from custody, and that any renewal premium is fully earned upon payment, and the fact that the defendant may have been improperly arrested, re-arrested, the case dismissed, or the bail reduced shall not obligate the return or forgiveness of any portion of any premium except as otherwise provided by applicable by law (if any) as stated in an addendum attached to the Bail Bond Application and Agreement.

1. Today's Date: _____ Date of Defendant's Arrest: _____
2. Amount Received: _____ Dollars (\$ _____)
3. In the form of: Cash Check Money Order Credit Card Other: _____
4. Payer's Full Name: _____
5. Payers Address: _____
(Street Address) (City) (State) (Zip)
6. In connection with (a) Bail Bond(s) for Defendant: _____
(Defendant's Full Name)
7. Bail Bond Amount(s): _____ Power Number(s): _____
8. Date of Defendant's Release on Bail: _____
9. Court Name and Address: _____
10. Date & Time of next required Court Appearance: _____
11. Charge(s): _____
12. Bail Bond Premium: \$ _____
13. Itemized expense #1 description: _____ \$ _____
(If and as permitted by applicable law)
14. Itemized expense #2 description: _____ \$ _____
(If and as permitted by applicable law)
15. Total Charges: (Premium plus any itemized expenses shown above) \$ _____
16. Amount Paid: \$ _____
17. Balance Due: \$ _____
18. Was Collateral Taken? Yes No (If "yes", collateral receipt #) _____

All other documents executed by Defendant, Indemnitor(s), me or other party related to the Bail Bond(s) are incorporated into and made a part hereof by reference.

Paid by: _____
Payor Signature

Payor Name (printed)

Received by: _____
Producer/Representative Signature

Producer/Representative Name (Printed)