

# AGENT'S BAIL REPORT

**SENECA**  
**INSURANCE**  
**COMPANY, INC.** OF NEW YORK

P.O. BOX 145  
 GREENVILLE, PA 16125

REPORTING AGENT

AGENT CODE

PAGE

OF

PAGES

REPORT DATE

POWER NUMBER	DATE POSTED			DEFENDANT	BOND AMOUNT	PREMIUM CHARGED	
	MON	DAY	YR			8%	10%
TOTAL BONDS REPORTED					<b>TOTALS</b>		

**BOND COST SUMMARY**

TOTAL PREMIUM CHARGES = \$ \_\_\_\_\_ (1)

X \_\_\_\_\_ % (YOUR CONTRACT RATE) =

**TOTAL PREMIUM DUE COMPANY**  
PAYABLE TO:

SENECA INSURANCE CO.

\$ \_\_\_\_\_ PLEASE REMIT THIS AMOUNT (2)

**BUILD UP FUND SUMMARY**

TOTAL BUF DUE 1% OF BOND AMOUNT PAYABLE TO:

**YOUR NAME/SENECA BUF**

\$ \_\_\_\_\_ PLEASE REMIT THIS AMOUNT (3)