

# SENECA INSURANCE COMPANY, INC.

160 Water Street, 16th Floor  
New York, NY 10038-4922

## CERTIFICATE OF DISCHARGE BOND

POWER AMT. \$ \_\_\_\_\_

POWER NO. \_\_\_\_\_

This is to certify that on or about the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_, I examined the records of \_\_\_\_\_ Court/Case No. \_\_\_\_\_ and found that the bond with corresponding power number above has been discharged of record by reason of the following disposition:  Pled Guilty  Found Guilty

Case Dismissed  Forfeiture Paid  Other \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Person rendering decision \_\_\_\_\_

Witness my hand and official seal this \_\_\_\_\_

day of \_\_\_\_\_ 19\_\_\_\_\_ Title \_\_\_\_\_

By \_\_\_\_\_

Bond Amount \$ \_\_\_\_\_

Appearance Date \_\_\_\_\_

Defendant \_\_\_\_\_

Court \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Offense \_\_\_\_\_

If rewrite, original = \_\_\_\_\_

Executing Agent \_\_\_\_\_

### TO THE CLERK OF THE COURT

Will you please check your records for the bond listed above. When the bond has been exonerated, please enter the date of exoneration, sign and return this form to us at:

Seneca Insurance Company, Inc.  
157 Main Street  
Greenville, PA 16125