



**O'SHAUGHNAHILL
SURETY & INSURANCE, INC.**

428 S. CONGRESS AVENUE, WEST PALM BEACH, FL 33406
800-255-2245 (ALL-BAIL) | OSI@OSHAUGHNAHILL.COM



Agent name, Address, Phone & License #

COLLATERAL RECEIPT

DO NOT LOSE THIS RECEIPT

C -

RECEIPT NO.: _____

1. DATE: _____
 2. DEPOSITOR'S NAME: _____
Depositor's Full Name
 3. ADDRESS: _____
(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: Cash; Check; Other (itemize and describe source of other:
If collateral is other than money, check the following: Vehicle Mortgage Agreement Other, describe 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's full name
 7. BOND AMOUNT: \$ _____
 8. COURT: _____
 9. RECEIVED BY: _____
Signature of Bail Agent
 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 Indemnity Agreement ("Agreement"), you are depositing the collateral as security for the payment of any and all monies and sums due to O'Shaughnahill Surety & Insurance, Inc. (the "Surety") or its agents, including all liability, claims, demands, debts (including promissory notes), damages, judgments, losses, interest, premiums, expenses, services charges, expenditures, attorneys' fees and costs suffered, sustained, made or incurred by the Surety or its agents 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 agent, all of the terms of which are made a part of this receipt by this reference ("Liabilities").
NOTE: Unless a properly drawn, executed and notarized legal assignment document is accepted and acknowledged by the Surety or its designee, the collateral listed above will be returned only to you. Except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Indemnitor Application and Agreement, the collateral shall be returned to you, your heir, legal representative or successor in interest (less any Liabilities) within 21 days after all of the following are satisfied: (i) the Surety receives competent written legal evidence satisfactory to the Surety (such as, for example, written notice from the court) of the Surety's discharge or release from all liability under the above bail bond; (ii) there are no outstanding Liabilities; (iii) there are no other outstanding bonds or obligations executed by, for or on behalf of you or Defendant in connection with which the Surety may deem it advisable, in its sole discretion, to retain such collateral for its protection; and (iv) upon the Surety's request, you shall have executed and delivered to the Surety a general release upon the Surety's return of the collateral to you.
 11. In Florida, if you are using a credit card to provide collateral, you are required to pay an additional credit card fee in the following amount: \$ _____
 12. Florida Administrative Code Rule 69B-221.120: For any complaints or inquiries, the consumer may contact the Department of Financial Services, Division of Consumer Services, Bail Bond Section, 200 East Gaines Street, Tallahassee, FL 32399-0322, 1-877-693-5236 (in-state)
 13. 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 agent from any further liability or responsibility in relation to the collateral. You have received the items listed below:

TOTAL AMOUNT RETURNED \$ _____

Other collateral returned: _____

Received by: _____ DATE: _____ Returned by: _____ DATE: _____
Signature Signature of Bail Producer
White – Agency • Yellow – Depositor Copy



**O'SHAUGHNAHILL
SURETY & INSURANCE, INC.**

428 S. CONGRESS AVENUE, WEST PALM BEACH, FL 33406
800-255-2245 (ALL-BAIL) | OSI@OSHAUGHNAHILL.COM

**BAIL BOND
PREMIUM RECEIPT**



Agent name, Address, Phone & License #

Received from _____ Receipt Date _____

PREMIUM RECEIPT NO.

The Sum of _____ \$ _____

P -

CASH CHECK CREDIT CARD MONEY ORDER

Defendant _____ Bond Amount \$ _____

Power of Attorney No. _____ Court _____ Collateral Receipt No. _____

Charged with _____

BAIL COND PREMIUM*	
MISC: CHARGES	
TOTAL CHARGES	
RECEIVED ON ACCOUNT	
BALANCE	

Received by _____

Print Name _____