



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

RECEIPT NO.: C -

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)

 CASE NO.:
7. BOND AMOUNT: \$ POWER NUMBER:
8. COURT: CHARGES:
9. RECEIVED BY:

Signature of Bail Agent

 (PRNT):

Name 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'Shaughnahan 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
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BAIL BOND
PREMIUM RECEIPT

428 S. CONGRESS AVENUE, WEST PALM BEACH, FL 33406
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Agent name, Address, Phone & License #

Received from Receipt Date

PREMIUM RECEIPT NO.

The Sum of \$
☐ 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

*PREMIUM IS NON-REFUNDABLE

OSI-0521-FL

NON-PAYMENT OF PREMIUM IS A BREACH OF BOND TERMS AND CONDITIONS