



ROCHE SURETY & CASUALTY COMPANY, INC.

1910 Orient Road • Tampa, Florida 33619
(813) 623-5042 • (800) 789-3899 • Fax (813) 623-5939

RECEIPT FOR COLLATERAL DEPOSITED

CONTROL NO. _____

RECEIVED FROM: _____ Date: _____, _____ Power No. _____

Depositor Name: _____ Phone No. _____

Address: _____

as security for the execution of this Bail Bond written in the sum of \$ _____ on behalf of defendant _____

the following described collateral: _____

_____ Collateral Code: _____

Collateral maintained in custody of

agent, managing general agent, Roche Surety & Casualty Company, Inc.

By (Print Name) _____

Agency Name _____ (Signature) _____

Said Collateral is deposited as security for the payment of any sums which may become due to the Agency or **ROCHE SURETY & CASUALTY COMPANY, INC.** by the terms of the Bail Bond Agreement executed for said Bond(s) by the said Depositor and Indemnitors, all of the terms of which are made a part of this receipt by this reference.

Use of collateral or premium receipt forms other than those authorized by **ROCHE SURETY & CASUALTY COMPANY, INC.** is prohibited. **ROCHE SURETY & CASUALTY COMPANY, INC.** is not responsible for cash or other valuables in connection with this bond unless listed in the appropriate collateral portions of this form. Collateral will be returned only to depositor. No collateral will be returned until the Court has furnished written evidence the bond has been discharged and this receipt is returned. For inquiries or complaints contact the Department of Insurance.

The above conditions are understood and agreed to _____

Depositor Signature

Depositor Signature

RECEIPT FOR RETURN OF COLLATERAL

Date Returned: _____, _____

Returned By: _____ Received By: _____

Agent Signature

Depositor Signature