

DEPOSITOR COPY ACIC - CACD - 5A



American Contractors Indemnity Company
A member of HCC Surety Group
9841 Airport Blvd., 9th Floor, Los Angeles, CA 90045

RECEIPT AND STATEMENT OF CHARGES

Received from:

NAME _____

ADDRESS _____

Expenses (Itemized in detail, such as Guard Fees, Recording Fees, Notary Fees, Long Distance Calls, Telegrams, Travel and other actual, unusual expenses.)

Was Collateral taken: (YES) (NO) if Yes: CASH REAL PROPERTY OTHER _____
Name and Address of Bail Bond Agency _____

By _____

POWER NUMBER	
DATE	
BAIL BOND CHARGES	
MISC. CHARGES	
TOTAL CHARGES	
RECEIVED ON ACCOUNT	
BALANCE	

MEMORANDUM OF BAIL BOND FURNISHED (MUST BE COMPLETED)

DEFENDANT _____ DATE OF BIRTH _____
PRINT LAST NAME FIRST INITIAL

APPEARANCE DATE _____ TIME _____ COURT _____ CITY _____
COURT CODE

CASE NO. _____ CHARGES _____ BOND AMOUNT \$ _____

POSTED FOR _____ DATE EXECUTED _____ STATE EXECUTED _____

REWRITE BOND NO. _____ ORIGINAL AMOUNT \$ _____
Received Copy of above receipt _____ Signature _____

ACIC-CACD-5A Rev. 6/04

DEPOSITOR COPY ACIC - CACD - 4A



American Contractors Indemnity Company
A member of HCC Surety Group
9841 Airport Blvd., 9th Floor, Los Angeles, CA 90045

RECEIPT FOR COLLATERAL DEPOSITED

DATE _____ 20 _____ 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 _____

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 AMERICAN CONTRACTORS INDEMNITY CO. by the terms of the Bail Bond Agreement executed for said Bond(s) by the said Depositor and Indemnitors, all of the terms which are made a part of this receipt by this reference.

Use of collateral or premium receipt forms other than those authorized by AMERICAN CONTRACTORS INDEMNITY CO. is prohibited. AMERICAN CONTRACTORS INDEMNITY CO. 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 exonerated and this receipt is returned.

The above conditions are Understood and agreed to _____
DEPOSITOR SIGNATURE ADDRESS

DEPOSITOR SIGNATURE ADDRESS

RECEIPT FOR RETURN OF COLLATERAL

DATE RETURNED _____, 20 _____

RETURNED BY: _____ RECEIVED BY: _____
Agent Signature Depositor Signature