



Bail Bond Department
5153 N. Shadeland Ave.
Indianapolis, Indiana 46226-2603
Phone: (317) 254-8721, Fax: (317) 254-1234

RECEIPT FOR COLLATERAL DEPOSITED

CONTROL NO.

Received from: 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 (description required) \_\_\_\_\_

Collateral maintained/controlled by [ ] Agent, [ ] Vernon General Bail Bond Dept 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 VERNON GENERAL INSURANCE COMPANY 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 Vernon General Insurance Company is prohibited. Vernon General Insurance Company is not responsible for cash or other valuables in connection with this bond unless listed in the appropriate collateral portions of this form and held by Vernon Insurance Company. Collateral will be returned only to depositor. No collateral will be returned until the depositor has furnished written court evidence the bond has been exonerated and this signed receipt is signed and 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: \_\_\_\_\_ Agent Signature

RECEIVED BY: \_\_\_\_\_ Depositor Signature