

United States Fire Insurance Company
157 Main Street, Greenville, PA 16125
P.O. Box 806, Greenville, PA 16125
(800) 245-0366 | FAX (724) 588-8801
Email: CourtNotices@cfins.com

BAIL PRODUCER: [stamp must include name, address, phone no. and license no.]

GALILEAN
BAIL BONDS
P.O. Box 9486
Alta Loma, CA 91701
1 (888) 444-2654 or (909) 245-0054
Lic# 1N13327

COLLATERAL RECEIPT

DO NOT LOSE THIS RECEIPT

RECEIPT NO.: _____

1. DATE: _____
2. DEPOSITOR'S 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: _____ CASE NO.: _____
(Defendant's Full Name)
7. BOND AMOUNT: \$ _____ POWER NUMBER: _____
8. COURT: _____ CHARGES: _____
9. RECEIVED BY: _____
Signature of Bail Producer Printed Name of Bail Producer
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 Indemnitor Application and Agreement ("Agreement"), you are depositing the collateral as security for the payment of any and all monies and sums due to surety or its producers, 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 surety or its producers 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 producer, 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 30 days after all of the following are satisfied: (i) surety receives competent written legal evidence satisfactory to surety (such as, for example, written notice from the court) of 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 to retain such collateral for its protection; and (iv) upon surety's request, you shall have executed and delivered to surety a general release upon 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. In Alaska, a complaint or dispute regarding the taking, use, or release of this collateral may be reported to the Department of Commerce, Community, and Economic Development, Division of Insurance, Robert B. Atwood Building, 550 W. 7th Avenue, Suite 1560, Anchorage, Alaska 99501-3597, if the complaint or dispute is not resolved in 45 working days.
14. 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 producer 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: _____ Signature
Returned by: _____ DATE: _____ Signature of Bail Producer