

**IMMIGRATION BOND
COLLATERAL RECEIPT**
DO NOT LOSE THIS RECEIPT

RECEIPT NO.: _____

Lexington National Insurance Corporation
P.O. Box 6098
Lutherville, Maryland 21094
Phone: 888-888-2245

Bond Producer Stamp: [must include name, address, phone no. and license 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 (i.e., cash, check no., money order no.) _____
 Other (Itemize and describe if collateral is other than money and specify condition) _____

The above collateral is placed as security for the immigration bond(s), premium owed, if any, and all lawful costs incurred due to underwriting the immigration bond(s) for the following:

6. ALIEN: _____ ("Alien") CASE NO.: A- _____
 First Middle Last
7. BOND AMOUNT: \$ _____ POWER NOS (if known:) _____
8. RECEIVED BY: _____
 Printed Name of Bond Producer Signature of Bond Producer
9. COLLATERAL HELD BY **(check one)**: Bail Producer Surety Managing General Agent.

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 immigration bond and transactions contemplated thereby, your failure to comply with the terms and conditions of the Indemnitor Application and Indemnity Agreement and any and all debt or other obligations arising out of or evidenced by any agreement executed by you, Alien 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.

NOTE: Unless a properly drawn, executed, and notarized legal assignment document is accepted and acknowledged by the Surety, the collateral listed above will be returned only to the person(s) named on line two (2) above. Except as required by applicable law, the Surety or its agent will return the collateral, less lawful costs, charges, or set offs within 30 days after notice and verification by the Department of Homeland Security that the Bond has been cancelled and discharged. The undersigned hereby acknowledge receipt of a copy of this document and of all collateral documents indicated above.

10. In Florida and Maryland, if you are using a credit card to provide collateral, you are required to pay an additional credit card fee in the following amount: \$ _____.
11. 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.
12. In North Carolina, the collateral is securing only the payments of bond breaches and fugitive recovery reimbursements. Collateral will be returned to the person whose name appears as Depositor in line 2 above within 15 days after final termination of liability on the Bond and all liabilities of Depositor have been satisfied.

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.

Date items listed below were returned to you: _____

TOTAL AMOUNT RETURNED \$ _____

Other collateral returned _____

Received by: _____ Returned by: _____
 Print Name Print Name of Bond Producer or Surety

 Signature Signature of Bond Producer or Surety

NOTICE FOR FLORIDA RESIDENTS: For any complaints or inquiries, you may contact the Department of Financial Services, Division of Consumer Services, Bail Bond Section, 200 E. Gaines Street, Tallahassee, FL 32399-0322, 1(877) 693-5236 (in-state).

White – Producer Copy • Yellow – Depositor Copy