NORTH CAROLINA
COLLATERAL RECEIPT

RECEIPT NO._____

DO NOT LOSE THIS RECEIPT

Surety
Lexington National Insurance Corporation
P.O. Box 6098
Lutherville, Maryland 21094
Phone: 888-888-2245
E-mail: Info@lexingtonnational.com

Bail Producer Stamp: [must include name, address, phone no. and license no.]

1. DATE_____
2. DEPOSITOR'S NAME_____
   First Middle Last
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, including the value, if collateral is other than money 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 _____ ("Defendant") CASE NO. _____
   First Middle Last
7. BAIL AMOUNT(S) $_____ POWER NO(S) _____ BOND NO(S) _____
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), 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, demands, and damages, sustained or incurred by Surety or its producers on account of, arising out of or relating to the above bail and transactions contemplated thereby, your failure to comply with the terms and conditions of the Indemnitor Application and 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").

The Surety will return the collateral security to the person whose name appears as Depositor on line 2 above within 15 days after final termination of the Bond and there are no outstanding Liabilities.
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.

DATE: _____ You have received the items listed below:

TOTAL AMOUNT RETURNED $_____

Other collateral returned _____
Received by: _____Returned by:_____
Print Name Print Name of Bail Producer

_____ _____
Signature Signature of Bail Producer

White – Producer Copy • Yellow – Depositor Copy

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