

Name of Licensed Insurance Producer Posting Bail Bond:	LEXINGTON NATIONAL INSURANCE CORPORATION P.O. BOX 6098 LUTHERVILLE, MARYLAND 21094-6098 888-888-2245
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(Insurance Producer name, license #, physical address and phone # must be printed or stamped above)

COLORADO PREMIUM RECEIPT
Combining multiple Bail Bonds on this form is prohibited

Power of Attorney Number:		Prenumbered Receipt Number:	
Description of Bail Bond Issued			
Defendant's Last Name:		Middle Name:	First Name:
Bond Amount (\$):			
Court Name and Location (if assigned):		Court Case Number (if assigned):	
Premium Receipt Information			
Bond Premium Charged:	Filing Fee/Jail Posting Fee:	Total Due for Premium/Posting/Filing Fees:	
Amount of Premium Received:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Describe below)	Balance of Premium Due (<i>payment terms must be in writing and set forth in the Premium Payment Plan</i>):	
Printed Name of Person Making Payment:			
Date Received:	Purpose:		

Printed Name of Licensed Insurance Producer Receiving Payment:	Signature of Licensed Insurance Producer Receiving Payment:	Date:
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ACKNOWLEDGEMENT: <i>I HAVE BEEN PROVIDED A COPY OF THIS PREMIUM RECEIPT</i>	
Payer Signature:	Date:

If a refund of premium is ordered by the Court after the bond is posted, premium will be returned in the amount and within the time specified by the court order. If the bail bond is not posted within 24 hours, as required by law, all monies paid must be returned within 7 days after receipt of good funds. A separate Premium Receipt shall be prepared each time an insurance producer posts a Bail Bond with the court.

Form shall be deemed incomplete and non-compliant if not filled out correctly and completely

A completed copy of this document must be kept in the Insurance Producer's records.

Original – Payer Copy – Producer