

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 COLLATERAL RECEIPT

Combining multiple Bail Bonds on this form is prohibited

Power of Attorney Number:		Prenumbered Receipt Number:	
Defendant's Last Name:	Middle Name:	First Name:	
Bond Amount (\$):	Premium Charged (\$):		
Court Name and Location (if assigned):		Court Case Number (if assigned):	
Collateral Type: <input type="checkbox"/> Cash <input type="checkbox"/> Real Property <input type="checkbox"/> Other			
Collateral Amount:			
Full Description of Collateral (If NOT filled out, form shall be deemed incomplete and non-compliant):			
Name of Person Tendering Collateral:	Address of Person Tendering Collateral:	Phone Number of Person Tendering Collateral:	

Printed Name of Licensed Insurance Producer Receiving Collateral:	Signature of Licensed Insurance Producer Receiving Collateral:	Date Signed:
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ACKNOWLEDGEMENT:

I HAVE BEEN PROVIDED A COPY OF THIS COLLATERAL RECEIPT

Printed Name of Person Pledging Collateral:	Signature of Person Pledging Collateral:	Date:
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Collateral will be returned after receipt of a copy of the Court Order that results in a release of the bond by the Court. Collateral will be returned within 14 calendar days. Pursuant to § 10-2-705(3.5)(d), C.R.S., applicable to the use of real property, your reconveyance of title, certificate of discharge, or a full release of any lien shall be provided within 35 days after receiving notice that the time for appealing an order that exonerated the bail bond has expired. Trust Deeds will be returned within 35 calendar days. If the bail bond is not posted within 24 hours of receipt of full payment or a signed contract for payment, collateral must be returned and the lien released within 7 days after receipt of good funds.

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 – Indemnitor Copy – Producer