

Surety Corporation of America

Managing General Agency

1000 N.W. 14th Street ❖ Miami, FL 33136

1-800-394-2663

SWORN STATEMENT

I, _____, the undersigned liable contracted agent do hereby state that the description of collateral contained herein is a complete and accurate representation of all collateral received in my trust as security for each and every bond listed on this report. I further affirm that I have submitted along with this report the original unaltered Company copy(s) of each and every collateral security receipt(s), bearing the same number as the bond executed on behalf of each defendant listed herein, that was issued in connection with the posting of these bonds. Pursuant to the provisions of my Bail Agent Contract and applicable State Statutes, I authorize Surety Corporation of America, as the Managing General Agent for the Surety on these bonds to return or release collateral to the owner of same as listed on the enclosed collateral security receipt upon the exoneration of liability on said bond.

Witness: _____ Signed: _____

Date: _____ Report #: _____

Agency: _____

Insurance Company: ABIC ARIC

Other: _____

POSTING DATE	POWER NUMBER	DEFENDANT	LIABILITY AMOUNT	GROSS PREMIUM	NET PREMIUM DUE COMPANY	B.U.F RESERVE DUE CO.	COLLATERAL DESCRIPTION	COLLATERAL OWNER	COLL. HOLD
1							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
2							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
3							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
4							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
5							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
6							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
7							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
8							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
9							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
10							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
11							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
12							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
13							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
14							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
15							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
16							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
17							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
18							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
19							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
20							<input type="checkbox"/> I.A. <input type="checkbox"/> Note <input type="checkbox"/> Mtg		<input type="checkbox"/> Agent <input type="checkbox"/> MGA <input type="checkbox"/> Co.
Totals:									

SCA USE:

Report Received by: _____ Date: _____
 P.O.A.s Replaced by: _____ Date: _____

Totals:

Enclosed: Premium check payable to SCA: \$ _____
 B.U.F. check payable to: ABIC ARIC \$ _____
 (Other; Please ref.) _____ \$ _____