



**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 recieved 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 National Surety Services of Florida, Inc, 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.




Wintess: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Report #: \_\_\_\_\_

Agency: \_\_\_\_\_

Insurance Company:  ABIC  ARIC

Other: \_\_\_\_\_

POSTING DATE	POWER NUMBER	DEFENDANT	LIABILITY AMOUNT	State	GROSS PREMIUM	Fed:	NET PREMIUM DUE COMPANY	B.U.F RESERVE DUE CO.	CODE	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.
<b>Totals:</b>												

**NSS USE:**

Report Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
 P.O.A.s Replaced by: \_\_\_\_\_ Date: \_\_\_\_\_

**Totals:**

**Enclosed:**

Premium check payable to NSS: \$ \_\_\_\_\_  
 B.U.F. check payable to:  ABIC  ARIC \$ \_\_\_\_\_