



Bankers Insurance Company

PO Box 33015 ♦ St Petersburg, FL 33733-8015
727 823 4000 ♦ 899 627 0000 ♦ FAX 727 803 4076

REQUEST FOR RELEASE OF CASH COLLATERAL

AGENCY: _____ **DATE:** _____
Agent #: _____

[] PLEASE RUSH THIS REQUEST

I hereby request that the following cash collateral be returned. Case had been closed and discharge(s) or court release(s) are attached.

POWER NUMBER(s): _____

COLLATERAL AMOUNT: _____

DISCHARGE DATE: _____

DEFENDANT: _____

INDEMNITOR: _____

COLLATERAL IS TO BE MADE PAYABLE TO: _____

NOTE: PLEASE PRINT PHYSICAL ADDRESS OF YOUR OFFICE WHERE CHECK WILL BE SENT AND INCLUDE PHONE NUMBER AND CONTACT NAME AS CHECK WILL BE RETURNED TO YOUR UPS GROUND FOR TRACKING DELIVERY. THANK YOU.

Physical Address of Your Office: _____

Contact Name: _____

Phone Number: _____

Requesting Agent's Signature

Please fill in ALL INFORMATION requested and TYPE or PRINT CLEARLY in order to EXPEDITE your request. SEND TO THE ATTENTION OF JOAN PETERSON.
If you have any questions please contact JOAN at extension 3965. Thank you.