BANKERS
INSURANCE GROUP

GENERAL AGENT

Bankers Surety Services, Inc.

P.O. Box 15707 ■ St. Petersburg, FL 33733

Date ______________________

Report No. ______________________

City ______________________

State ______________________

______________________ By ______________________

General Agent Executing Agent

ENCLOSE EXECUTING SLIPS WITH REPORT – ALL PARTS OF VOIDED POWERS MUST BE RETURNED

Power #	Defendant Name	Effective Date	Amount of Liability	Premium Collected	Prem. Paid to Company	BUF Paid to Company
			$	$	$	$

NOTE: TWO CHECKS MUST BE REMITTED:

Agents shall make their premium checks payable to **BANKERS SURETY SERVICES, INC.**

Liability Summary

Previous o/s Liability $______________

Reported $______________

Discharges $______________

Current Balance $______________

Escrow Summary

Balance $______________

Deposits ( ) $______________

Withdrawals $______________

Balance $______________

Exec. Rep. 6.96