INSTRUCTIONS FOR PROFESSIONAL REPORT

Make copies of original form for future reports.

Monthly Professional reports should contain the following pages:

PBR1 - Professional Summary Page - **required** with each Professional report.
PBR2 - Individual Summary Page - **required** with each professional report **for each agent**.
PBR3 - Professional Bonds Written Page - if professional bonds have been written during the month.
PBR4 - Professional Bonds Discharged Page - if professional bonds have been discharged during the month.
COLL - Collateral Received/ Collateral Returned Page - if collateral has been received or returned during the month.
RW - Rewrite Page - if the summary page indicates the report contains rewrites.

Any collateral received or returned during the reporting month **must** be listed on the COLL page.

All reports must be properly completed and signed.

Additional instructions are found on each page of the attached form. READ CAREFULLY!

If you have any questions, please contact:

Bail Bond Division
Oklahoma Insurance Department
3625 NW 56th St, Suite 100
Oklahoma City, Oklahoma 73112-4511
1-800-522-0071
(405) 521-6610

NOTE: If you have zero total remaining outstanding liability, *you do not have any appointed agents to write under your professional license and you have not written any liabilities for the reporting month, a Simplified Professional Bondsman Report form (SPBR) may be filed.*

OKLAHOMA INSURANCE DEPARTMENT
Bail Bond Division

3625 NW 56th St, Suite 100
Oklahoma City, Oklahoma 73112-4511
(405) 521-6610

MONTHLY PROFESSIONAL BONDSMAN REPORT

For the month ending _____, 20_____.

Name: _____ License Number: _____

Address: _____ Phone Number: _____

_____ Contact Person _____

Print or Type All Information. Additional Sheets may be attached if necessary.

1. Current Beginning Liability (Balance Brought Forward): $_____

2. New Bonds Written This Month:

County/Municipality	*Amount*
_____	$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2a. Total New Bonds Written: **$** _____

3. Bonds Discharged This Month:

County/Municipality	*Amount*
_____	$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3a. Total Bonds Discharged: $ _____

4. Total Remaining Outstanding Liability (Line 1 + Line 2a - Line 3a) _____

5. Premium Charged _____

REVIEWAL FEE DUE:
If no rewrites, use page PBR1, Line 2a x .002 -or-

If rewrite pages attached, use page RW, Line 4 x .002 _____

I, _____, professional bondsman, acknowledge that the attached report for the month and year of _____, 20_____, consisting of_____ pages, is true and accurate and reports all bonds written and discharged during the above month by myself and any licensed bail bondsman who is currently or formerly appointed by me.

_____ _____ _____

Professional Bondsman's Signature Date Name of Person Preparing Report *(print or type)*

Enclosed Check # _____ **in the amount of $** _____ **.**

Individual Summary Page
Total Bonds Executed/Discharged by Bondsman per County

Bail Bondsman: _____ License Number: _____ Month/Year: _____

Professional Bondsman: _____

COUNTY/MUNICIPALITY	**Beginning Bonds Outstanding** [Agrees to "Ending Bonds Outstanding" for previous month]	BONDS WRITTEN	BONDS DISCHARGED	ENDING BONDS OUTSTANDING
TOTALS:				

NOTE: Bonds written and bonds discharged must agree to totals on pages PBR3 & PBR4 for the respective counties/municipalities.

Professional Bonds Written

Bail Bondsman: _____ License Number: _____ Month/Year: _____

Professional Bondsman: _____ County/Municipality: _____

I report execution of the following bonds written in the State of Oklahoma, *listed by County/Municipality*, in my capacity as a professional bondsman.

NAME OF DEFENDANT	DATE OF BIRTH	CASE NUMBER	CHARGE	AMOUNT OF BOND	BOND POWER NUMBER	DATE BOND WRITTEN	PREMIUM CHARGED	SECURITY OR COLLATERAL RECEIVED	DEPT USE ONLY
INSTRUCTIONS: Complete a separate form for each county or municipality. Use additional pages as needed.					XXXXXXX	XXXXXXX		← Sub-total per page	
*The monthly total is to be inserted on the last page only for **each** county/municipality.					XXXXXXX	XXXXXXX		**⇦ Monthly Total for County or Municipality***	

Page _____of _____

PBR3 (Rev 1/11)

Professional Bonds Discharged

Bail Bondsman's Name: _____ License Number: _____ Month/Year: _____

Professional Bondsman: _____ County or Municipality: _____

NAME OF DEFENDANT	CASE NUMBER	BOND POWER NUMBER	DATE BOND WRITTEN	DATE OF TERMINATION	AMOUNT OF BOND	REASON FOR DISCHARGE
INSTRUCTIONS: Complete a separate form for each county or municipality. Use additional pages as needed. *The monthly total is to be inserted on the last page only for each county/municipality.						← Sub-total per page
						⇦ **Monthly Total for County or Municipality***

Page _____ of _____

PBR4 (Rev 1/11)

Collateral Received

Bail Bondsman: _____ License Number: _____ Month/Year: _____

Professional Bondsman: _____ County/Municipality: _____

NAME OF DEFENDANT	CASE NUMBER	DATE OF BOND	DESCRIPTION OF COLLATERAL	LOCATION OF COLLATERAL

Collateral Returned

NAME OF DEFENDANT	CASE NUMBER	DATE OF BOND	DESCRIPTION OF COLLATERAL	DATE COLLATERAL RETURNED

REWRITES

Bail Bondsman: _____ License Number: _____ Month/Year: _____

Professional Bondsman: _____ County/Municipality: _____

NAME OF DEFENDANT	CASE NUMBER	P/B	ORIGINAL BOND AMOUNT	D/P	POWER NUMBER	R/D	(+) INCREASE AMOUNT	(-) DECREASE AMOUNT	(0) SAME (✓)	P/B	NEW BOND AMOUNT	D/P	POWER NUMBER

$ _____ $ _____

1)Total Liability Written This Report: $ _____

2)Less Total New Bond Amount: - $ _____

3)Plus Increase Amount Only: + $ _____

4)Reviewal Fee Liability Amount: = $ _____ x .002 = $_____

P/B – Posting Bondsman (Initials)
D/P - Monthly Report Written Bond actually reported on.
R/D - Monthly Report Discharged Bond actually reported on.