



*American Contractors Indemnity Company*  
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**AGENT EXONERATION REPORT**

AGENT CODE: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_

REPORT NUMBER: \_\_\_\_\_ REPORT DATE: \_\_\_/\_\_\_/\_\_\_ PAGE: \_\_\_ OF \_\_\_

BOND NUMBER	DEFENDANT NAME	BAIL AMT	REINSTATE DATE	DATE BX

*SIGNATURE:* \_\_\_\_\_