

BAIL BOND APPLICATION - DEFENDANT

COMPANY	INTERNATIONAL FIDELITY INSURANCE COMPANY	PRODUCER	PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:
	ALLEGHENY CASUALTY COMPANY P.O. BOX 9810, CALABASAS, CA 91372-9810 TELEPHONE (800) 935-2245		

THIS IS A 2-SHEET, DOUBLE-SIDED DOCUMENT; READ CAREFULLY AND COMPLETE

1. Defendant Name and Address

Defendant Name _____ My friends/family know me as _____
First Middle Last

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Current Address _____ Email _____

City _____ State _____ Zip _____ How long? _____ Rent Own

Landlord Name _____ Landlord Phone # _____

2. Arrest Information

Date of Arrest _____ Booking Name (if different) _____ Case Number _____

Arresting Agency _____

Jail Location _____ Booking # _____

Charges _____

Court Name _____ Judicial District _____

County _____ State _____ Date to Appear _____ Time _____

POA# _____

Previous Arrests: Charges _____ Date _____ Where _____
Charges _____ Date _____ Where _____

Probation / Parole Officer Name _____ Phone # _____

Pending Charges in Other Counties _____ Are you on parole/probation? Yes No

Are you now under any bond? Yes No Have you ever failed to appear in court? Yes No

Bonded before by _____ When? _____

Co-Defendant Name _____ Phone # _____

3. Personal Description (continued on page 2)

M F DOB _____ Race/Nationality _____ Height _____ Weight _____

Eye Color _____ Hair Color _____ Glasses _____ Facial Hair _____ Complexion _____

Tattoos / Piercings _____ Scars / Distinguishing Marks _____

Medical Conditions / Disabilities _____

3. Personal Description (continued from page 1)

Place of Birth _____ SSN _____
 Driver's License / ID # _____ State Issued _____ Name of Last City _____ State _____
 Number of Years in City _____ Number of Years in State _____ Number of Years in U.S. _____
 Are you a U.S. citizen? Yes No Alien Number _____

4. Employment

Current Employer _____ Position _____ How Long _____
 Supervisor's Name _____ Phone # _____
 Former Employer _____ Position _____ How Long _____
 Supervisor's Name _____ Phone # _____
 Union _____ Local # _____
 Military Branch _____ Active? _____ Discharge Date _____

5. Former Address

Former Address _____ City _____ State _____ Zip _____
 How long at this address? _____ yrs. _____ mos. From _____ To _____ Rent Own
(mm/dd/yyyy) (mm/dd/yyyy)
 Landlord Name _____ Landlord Phone # _____

6. Social Network Information

Facebook Account	Twitter Account	LinkedIn Account	Other: _____
Username _____	Username _____	Username _____	Username _____
Password _____	Password _____	Password _____	Password _____

7. Vehicle

Year _____ Make _____ Model _____
 Color _____ Plate # _____ State _____
 Where Financed _____ Amount Owed _____
 Insurance Company / Agent _____ Phone # _____

8. Financial Information

Financial Institution _____ Phone # _____ Savings Checking
 Address _____
 City _____ State _____ Zip _____ Average Balance \$ _____

9. Relatives and Friends

Father Name _____ Home Phone # _____ Cell Phone # _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Work Phone # _____
 Mother Name _____ Home Phone # _____ Cell Phone # _____
 Address _____ City _____ State _____ Zip _____
 Employer _____ Work Phone # _____
 Sibling Name _____ Phone # _____
 Best Friend Name _____ Phone # _____

10. Marital Status/Children

Single Married Cohabiting Separated Divorced Widowed

Significant Other Name _____ Years together _____
 Address _____ E-mail _____
 Home Phone # _____ Cell Phone # _____ SSN _____
 Employer _____ Supervisor Name _____ Work Phone # _____
 Significant Other Mother Name _____ Phone # _____
 Significant Other Father Name _____ Phone # _____
 Former Significant Other Name _____ Years together _____

Address _____ E-mail _____
 Home Phone # _____ Cell Phone # _____ SSN _____
 Employer _____ Supervisor Name _____ Work Phone # _____

<u>Child Name</u>	<u>Age</u>	<u>School/Employer</u>	<u>Mother / Father Name</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorized Signatures

I hereby represent and warrant that the foregoing information is true, complete and correct and is made for the purpose of inducing International Fidelity Insurance Company/Allegheny Casualty Company to issue, or cause to be issued, bail bond(s) for the defendant referred to herein.

Signed, sealed and delivered this _____ day of _____, 20_____.

Defendant _____ DL # _____

Sign _____ SSN _____

Print _____ DOB _____

**NOT FOR USE IN NORTH CAROLINA AND PUERTO RICO
 SEE NEXT PAGE FOR APPLICABLE FRAUD WARNINGS.**

IMPORTANT FRAUD WARNINGS

ALABAMA RESIDENTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARKANSAS RESIDENTS

Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FLORIDA RESIDENTS

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

LOUISIANA RESIDENTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MAINE RESIDENTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND RESIDENTS

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO RESIDENTS

Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO RESIDENTS

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA RESIDENTS

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person criminal and civil penalties.

RHODE ISLAND RESIDENTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

TENNESSEE RESIDENTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

VIRGINIA RESIDENTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

WASHINGTON RESIDENTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

WEST VIRGINIA RESIDENTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.