

BAIL BOND APPLICATION - INDEMNITOR

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

1. Defendant Information

Defendant Name _____ First Middle Last _____ DOB _____

Charges _____ Case # _____

Court Name _____ Date to Appear _____

POA# _____

2. Indemnitor Name and Address

Name _____ First Middle Last

My friends/family know me as _____ Relationship to Defendant _____

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

Current Address _____ Email _____

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

Landlord Name _____ Landlord Phone # _____

Former Address _____

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

Landlord Name _____ Landlord Phone # _____

3. Personal Description

DOB _____ Place of Birth _____ Male Female

Social Security # _____ Driver's License # _____ Issuing State _____

How Long in U.S.? _____ U.S. citizen? Yes No Race _____ Alien # _____

Additional Notes _____

4. Employment

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

5. Marital Status

Single Married Cohabiting Separated Divorced Widowed

Significant Other Name _____ Years together _____
 Address _____ Email _____
 Home Phone # _____ Cell Phone # _____ DOB _____
 Employer _____ How Long? _____ Phone # _____
 Significant Other Mother Name _____ Phone # _____
 Significant Other Father Name _____ Phone # _____
 Former Significant Other Name _____ Years together _____
 Address _____ Email _____
 Home Phone # _____ Cell Phone # _____ DOB _____
 Employer _____ How Long? _____ Phone # _____

6. Vehicle

Year _____ Make _____ Model _____
 Color _____ Plate # _____ State _____
 Where Financed _____ Amount Owed _____

7. References

Name _____ Relation _____
 Address _____ Employer _____
 Home Phone # _____ Work Phone # _____ Cell Phone # _____
 Name _____ Relation _____
 Address _____ Employer _____
 Home Phone # _____ Work Phone # _____ Cell Phone # _____
 Name _____ Relation _____
 Address _____ Employer _____
 Home Phone # _____ Work Phone # _____ Cell Phone # _____

8. Social Network Information

Facebook Account

Twitter Account

LinkedIn Account

Other: _____

Username

Username

Username

Username

Password

Password

Password

Password

9. Financial Information

Cash on hand \$ _____ Cash in bank \$ _____

Real Estate Value \$ _____ Real Estate Mortgage \$ _____

In whose name is Title? _____ Monthly Salary or Wages \$ _____

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_____.

Indemnitor

DL # _____

Sign _____

SSN _____

Print _____

DOB _____

**NOT FOR USE IN NORTH CAROLINA
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.

PUERTO RICO RESIDENTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. Noncompliance of the provisions of this Section shall be about an administrative fine which shall be not be less than one (1,000) thousand dollars, nor greater than five thousand (5,000) dollars.

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.