

# BAIL BOND APPLICATION - DEFENDANT

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

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

<b>1. Defendant Name and Address</b>			
Defendant Name	_____	My friends/family know me as	_____
	<small>First Middle Last</small>		
Home Phone #	_____	Cell Phone #	_____
		Work Phone #	_____
Current Address	_____		Email _____
City	_____	State _____	Zip _____
		How long?	_____ <input type="checkbox"/> Rent <input type="checkbox"/> Own
Landlord Name	_____		Landlord Phone # _____
<b>2. Arrest Information</b>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now under any bond?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever failed to appear in court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonded before by	_____		When? _____
Co-Defendant Name	_____		Phone # _____
<b>3. Personal Description (continued on page 2)</b>			
<input type="checkbox"/> M <input type="checkbox"/> 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**

<b>Facebook Account</b>	<b>Twitter Account</b>	<b>LinkedIn Account</b>	<b>Other:</b> _____
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 \_\_\_\_\_.

*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.