BAIL BOND APPLICATION - DEFENDANT

COMPANY

PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:

ALLEGHENY CASUALTY COMPANY

INTERNATIONAL FIDELITY

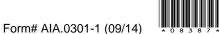
INSURANCE COMPANY

P.O. BOX 9810, CALABASAS, CA 91372-9810 Telephone (800) 935-2245

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

PRODUCER

1. Defendant Inform	nation							
Defendant Name		Middle		Му	friends/fa know m	mily e as		
Home Phone #	st		Last					
Current Address					Email			
City		State	Zip	Ho				
Landlord Name					Landlo	ord Phone #		
Employer							£	
2. Arrest Information								
Date of Arrest	Bookin	king Name (if different) Case Number						
Jail Location			Cοι	unty				
POA#								
Co-Defendant Name	e				Ph	ione #		
3. Personal Description								
		Race/Nation	ality			Height	Weight	
Eye Color	_ Hair Color	Glasses		_ Facial Hair		Complexion		
Tattoos / Piercings	Piercings Scars / Distinguishing Marks							
Medical Conditions	/ Disabilities							
Place of Birth					_ SSN _			
Driver's License / ID								
Number of Years in	Number of Years in State Are you a U.S. citizen? Yes No Alien Number							
4. Vehicle								
Year	Make			N	/lodel			
Color		Plate #					State	
5. References								
Significant Other Na	ime					Yea	rs together	
Address					E-mail			
Home Phone #		_ Cell Phone # _			SSN			
Employer		_ Supervisor Na	me		\	Nork Phone #	£	
Reference Name					_ Phone	#		





Authorized Signatures

I hereby represent 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

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 AND 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, VIRGINIA, WASHINGTON, AND 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.