

BAIL BOND APPLICATION - DEFENDANT

COMPANY	INTERNATIONAL FIDELITY INSURANCE COMPANY <hr/> ALLEGHENY CASUALTY COMPANY P.O. BOX 9810, CALABASAS, CA 91372-9810 TELEPHONE (800) 935-2245	PRODUCER	PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:
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THIS IS A 2-SHEET, SINGLE SIDED DOCUMENT; READ CAREFULLY AND COMPLETE

1. Defendant Information			
Defendant Name _____	My friends/family know me as _____		
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 # _____	
Employer _____	Supervisor Name _____	Work Phone # _____	
2. Arrest Information			
Date of Arrest _____	Booking Name (if different) _____	Case Number _____	
Jail Location _____		County _____	
POA# _____			
Co-Defendant Name _____		Phone # _____	
3. Personal Description			
<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 _____			
Place of Birth _____		SSN _____	
Driver's License / ID # _____	State Issued _____	Number of Years in City _____	
Number of Years in State _____	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Number _____	
4. Vehicle			
Year _____	Make _____	Model _____	
Color _____	Plate # _____	State _____	
5. References			
Significant Other Name _____		Years together _____	
Address _____		E-mail _____	
Home Phone # _____	Cell Phone # _____	SSN _____	
Employer _____	Supervisor Name _____	Work 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.