

BAIL BOND APPLICATION - INDEMNITOR

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:
----------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------	-----------------------------------------------------------------------------------------------

THIS IS A 1-PAGE SINGLE SIDED DOCUMENT; READ CAREFULLY AND COMPLETE

1. Defendant Information

Defendant Name _____ First _____ Middle _____ Last _____ DOB _____

Charges _____ Case # _____

Court Name _____ Date to Appear _____

POA# _____ Booking # _____

Jail Location / County _____

2. Indemnitor Name and Address

Name _____ First _____ Middle _____ Last _____ Male Female

Relationship to Defendant _____ DOB _____

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

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

Current Address _____ Email _____

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

Former Address _____

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

Employer _____ Position _____ How Long _____

Employer Address _____

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 _____.

Indemnitor _____ DL # _____

Sign _____ SSN _____

Print _____ DOB _____

ONLY FOR USE IN CALIFORNIA