



allegheny

CASUALTY COMPANY

PO Box 5600, Thousand Oaks, CA 91359
800.935.2245 info@aiaSurety.com

BAIL BOND APPLICATION - INDEMNITOR

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

**THIS IS A 3-PAGE, DOUBLE SIDED DOCUMENT
READ CAREFULLY AND COMPLETE**

Defendant Info	Defendant Name		Birth Date
	Charges		Appearance Date
	Case Number	Court Name	
	Jail Location	County	Booking Number

Indemnitor Information	Indemnitor Name		My friends / family know me as		
	Home Phone Number	Cell Phone Number	Work Phone Number		
	Relationship to Defendant		Email		
	Current Full Address, City, State and Zip				<input type="checkbox"/> Own <input type="checkbox"/> Rent
	From	To	Landlord Name (if applicable)	Landlord Phone Number	
	Former Full Address, City, State and Zip				<input type="checkbox"/> Own <input type="checkbox"/> Rent
	From	To	Landlord Name (if applicable)	Landlord Phone Number	
	<input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Birth Place	Social Security Number	
	Driver's License / ID Number	State Issued	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Number How long in US?	
	Additional Notes				

Employment	Employer	Position	How Long
	Supervisor's Name	Phone Number	
	Union	Local Number	
	Military Branch	Active <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date

Social	Facebook Username	Twitter Username	Linkedin Username	Other Account	Username
	Password	Password	Password	Password	

Financial	Cash on hand (\$)	Cash in bank (\$)	Monthly Salary or Wages (\$)
	Real Estate Value(\$)	Real Estate Mortgage (\$)	Title Name

Vehicle	Year	Make	Model	Color	Plate Number	State
	Financing company				Balance owed	

Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
	Significant Other Name		Email		DOB	
	Significant Other Full Address, City, State and Zip			Years together	Phone Number	
	Significant Other Mother Name		DOB	Phone Number		
	Significant Other Father Name		DOB	Phone Number		
	Former Significant Other Name		Email		DOB	
	Former Significant Other Full Address, City, State and Zip			Years together	Phone Number	

References	Reference Name		DOB	Relationship to Indemnitor
	Full Address, City, State and Zip		Cell Phone Number	Work Phone Number
	Reference Name		DOB	Relationship to Indemnitor
	Full Address, City, State and Zip		Cell Phone Number	Work Phone Number
	Reference Name		DOB	Relationship to Indemnitor
	Full Address, City, State and Zip		Cell Phone Number	Work Phone Number

Authorized Signatures	I hereby represent that the foregoing information is true, complete and correct and is made for the purpose of inducing 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 Signature		Driver's License Number
	Indemnitor Print Name		Social Security Number
			Birth Date
SEE NEXT PAGE FOR APPLICABLE 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.

CALIFORNIA RESIDENTS

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.

NEW YORK 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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, 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.