



allegHENY

CASUALTY COMPANY

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

BAIL BOND APPLICATION - DEFENDANT

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

**THIS IS A 4-PAGE, DOUBLE SIDED DOCUMENT
READ CAREFULLY AND COMPLETE**

Defendant Information	Defendant Name			My friends / family know me as		
	Home Phone Number		Cell Phone Number		Work Phone Number	
	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		Birth Date		Birth Place	
<input type="checkbox"/> F		Social Security Number				
Height		Weight		Eye Color		
Tattoos / Piercings						
Hair Color		Glasses		Facial Hair		
Scars / Distinguishing Marks						
Medical Conditions / Disabilities				Driver's License / ID Number		
State Issued						
Years in City		Years in State		Former City		
Former State		U.S. citizen?		Alien Number		
<input type="checkbox"/> Yes <input type="checkbox"/> No						
How long in US?						

Arrest Information	Arrest Date		Booking Name (if different)			Booking Number	
	Arresting Agency				Jail Location		State
	Court Name			Judicial District		County	
	Case Number				Appearance Date		Time
	Charges						
	Previous Arrest 1 Charges			Arrest date		Arrest Location	
	Previous Arrest 2 Charges			Arrest date		Arrest Location	
	Probation / Parole Officer Name					Phone Number	
	Pending Charges in Other Counties			On parole/probation?		Currently on bond?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bonded before by					When	
Co-Defendant Name					Co-Defendant Phone Number		

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

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	DOB	Years together
	Significant Other Current Full Address, City, State and Zip	Email	
	Home Phone Number	Cell Phone Number	Social Security Number
	Significant Other Mother Name	DOB	Phone Number
	Significant Other Father Name	DOB	Phone Number
	Former Significant Other Name	DOB	Years together
	Former Significant Other Current Full Address, City, State and Zip	Email	
	Home Phone Number	Cell Phone Number	Social Security Number

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

Vehicle	Year	Make	Model	Color	Plate Number	State
	Financing company				Balance owed	
	Insurance Company / Agent				Phone Number	

Financial	Financial Institution	Phone number	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	Financial Institution Full Address, City, State and Zip	Average Balance	

References	Reference Name	DOB	Relationship to Defendant
	Full Address, City, State and Zip	Cell Phone Number	Work Phone Number
	Reference Name	DOB	Relationship to Defendant
	Full Address, City, State and Zip	Cell Phone Number	Work Phone Number
	Reference Name	DOB	Relationship to Defendant
	Full Address, City, State and Zip	Cell Phone Number	Work Phone Number
	Reference Name	DOB	Relationship to Defendant
	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 _____.		
	Defendant Signature	Driver's License Number	
	Defendant 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.