



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.