

# BAIL BOND APPLICATION - INDEMNITOR

<b>COMPANY</b>	<b>INTERNATIONAL FIDELITY INSURANCE COMPANY</b>	<b>PRODUCER</b>	PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:
	<b>ALLEGHENY CASUALTY COMPANY</b> P.O. BOX 9810, CALABASAS, CA 91372-9810 TELEPHONE (800) 935-2245		

**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**