

# BAIL BOND APPLICATION - DEFENDANT

<b>COMPANY</b>	<b>INTERNATIONAL FIDELITY INSURANCE COMPANY</b>  <b>ALLEGHENY CASUALTY COMPANY</b> P.O. BOX 9810, CALABASAS, CA 91372-9810 TELEPHONE (800) 935-2245	<b>PRODUCER</b>	PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:
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**THIS IS A 2-SHEET, SINGLE SIDED DOCUMENT; READ CAREFULLY AND COMPLETE**

<b>1. Defendant Information</b>			
Defendant Name _____	My friends/family know me as _____		
Home Phone # _____	Cell Phone # _____	Work Phone # _____	
Current Address _____	Email _____		
City _____	State _____	Zip _____	How long? _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own
Landlord Name _____	Landlord Phone # _____		
Employer _____	Supervisor Name _____	Work Phone # _____	
<b>2. Arrest Information</b>			
Date of Arrest _____	Booking Name (if different) _____	Case Number _____	
Jail Location _____	County _____		
POA# _____			
Co-Defendant Name _____	Phone # _____		
<b>3. Personal Description</b>			
<input type="checkbox"/> M <input type="checkbox"/> F	DOB _____	Race/Nationality _____	Height _____ Weight _____
Eye Color _____	Hair Color _____	Glasses _____	Facial Hair _____ Complexion _____
Tattoos / Piercings _____		Scars / Distinguishing Marks _____	
Medical Conditions / Disabilities _____			
Place of Birth _____		SSN _____	
Driver's License / ID # _____	State Issued _____	Number of Years in City _____	
Number of Years in State _____	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien Number _____
<b>4. Vehicle</b>			
Year _____	Make _____	Model _____	
Color _____	Plate # _____	State _____	
<b>5. References</b>			
Significant Other Name _____	Years together _____		
Address _____	E-mail _____		
Home Phone # _____	Cell Phone # _____	SSN _____	
Employer _____	Supervisor Name _____	Work Phone # _____	
Reference Name _____	Phone # _____		

**Authorized Signatures**

I hereby represent 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 \_\_\_\_\_.

*Defendant*

DL # \_\_\_\_\_

Sign \_\_\_\_\_

SSN \_\_\_\_\_

Print \_\_\_\_\_

DOB \_\_\_\_\_

**NOT FOR USE IN NORTH CAROLINA AND PUERTO RICO**

**IMPORTANT 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.

**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.

**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 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.

**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.