

BAIL BOND APPLICATION - INDEMNITOR

COMPANY	INTERNATIONAL FIDELITY INSURANCE COMPANY <hr/> ALLEGHENY CASUALTY COMPANY P.O. BOX 9810, CALABASAS, CA 91372-9810 TELEPHONE (800) 935-2245	PRODUCER	PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:
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THIS IS A 1-PAGE DOUBLE SIDED DOCUMENT; READ CAREFULLY AND COMPLETE

1. Defendant Information

Defendant Name _____ DOB _____
First Middle Last

Charges _____ Case # _____

Court Name _____ Date to Appear _____

POA# _____ Booking # _____

Jail Location / County _____

2. Indemnitor Name and Address

Name _____ Male Female
First Middle Last

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 _____ 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 _____.

Indemnitor _____ DL # _____

Sign _____ SSN _____

Print _____ DOB _____

**NOT FOR USE IN CALIFORNIA, NORTH CAROLINA AND PUERTO RICO
SEE NEXT PAGE FOR APPLICABLE FRAUD WARNINGS.**

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 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.

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 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.

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.

WASHINGTON 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.

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.