



# 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**

<b>Defendant Information</b>	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		
How long in US?						
<input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>Arrest Information</b>	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	
				Previously failed to appear?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bonded before by					When	
Co-Defendant Name					Co-Defendant Phone Number		



<b>Employment</b>	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

<b>Marital Status</b>	<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					Years together
	Significant Other Current Full Address, City, State and Zip				Email	
	Home Phone Number		Cell Phone Number		Social Security Number	
	Employer		Supervisor Name		Supervisor Phone Number	
	Significant Other Mother Name				Phone Number	
	Significant Other Father Name				Phone Number	
	Former Significant Other Name					Years together
	Former Significant Other Current Full Address, City, State and Zip				Email	
	Home Phone Number		Cell Phone Number		Social Security Number	
Employer		Supervisor Name		Supervisor Phone Number		

<b>Social</b>	Facebook Username	Twitter Username	Linkedin Username	Other Account	Username
	Password	Password	Password	Password	

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

<b>Financial</b>	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	Relationship to Defendant	Employer
Full Address, City, State and Zip	Cell Phone Number	Work Phone Number
Reference Name	Relationship to Defendant	Employer
Full Address, City, State and Zip	Cell Phone Number	Work Phone Number
Reference Name	Relationship to Defendant	Employer
Full Address, City, State and Zip	Cell Phone Number	Work Phone Number
Reference Name	Relationship to Defendant	Employer
Full Address, City, State and Zip	Cell Phone Number	Work Phone Number
Reference Name	Relationship to Defendant	Employer
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

Defendant Print Name

Driver's License Number
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.

**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.

**PUERTO RICO RESIDENTS**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. Noncompliance of the provisions of this Section shall be about an administrative fine which shall be not be less than one (1,000) thousand dollars, nor greater than five thousand (5,000) dollars.

The previously mentioned bond may be canceled upon the arrest of the Defendant in accordance with any breach written in the Bond Agreement.

The indemnitor may request that the Defendant be delivered to the corresponding officers and upon apprehension or voluntary surrender, the bond will be canceled.

With the cancellation of the previously mentioned bond, you may be entitled to a refund of the premium in accordance with the law of Puerto Rico.

Once the previously mentioned bond is recorded, the bond will be held for the duration of the Defendant's case before the sentence.

Upon sentencing, the bond hereby is canceled, and the term of protection is terminated.

**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.