

# BAIL BOND APPLICATION - DEFENDANT

PO Box 5600, Thousand Oaks, CA 91359  
800.935.2245 info@aiasurety.com

PRODUCER NAME, ADDRESS, PHONE, EMAIL AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:

**THIS IS A 1-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		
	Current Full Address, City, State and Zip					How long?		<input type="checkbox"/> Own <input type="checkbox"/> Rent
	Email			Landlord Name		Landlord Phone Number		
	Employer			Supervisor Name		Work Phone Number		
	<input type="checkbox"/> M <input type="checkbox"/> F	Birth Date		Birth Place			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	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Number
<b>Arrest Information</b>	Arrest Date		Booking Name (if different)			Case Number		
	Jail Location				County			
	Charges							
	Co-Defendant Name					Co-Defendant Phone Number		
<b>Vehicle</b>	Year	Make	Model	Color	Plate Number	State		
	Financing company				Balance owed			
<b>References</b>	Significant Other Name			Email		Cell Phone Number		
	Significant Other Full Address, City, State and Zip				Years together	Social Security Number		
	Employer			Supervisor Name		Supervisor Phone Number		
	Reference Name			Relationship to Defendant		Phone Number		
	Reference Name			Relationship to Defendant		Phone Number		
	Reference Name			Relationship to Defendant		Phone Number		

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

**NOT FOR USE IN PUERTO RICO**

**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.

**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.