BAIL BOND APPLICATION - DEFENDANT

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

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

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	Defendant Name										My friends / family know me as		
	Home Phone Number				Cell Ph	Cell Phone Number			Work Phone Number				
	Current Full Address, City, State and Zip										How long?		
ation	Email				Landlo	Landlord Name			Landlord Phone Number				
Informai	Employer				Superv	Supervisor Name			Work Phone Number				
dantil	M Birth Date Birth Pla			Place	2e				Social Security Number				
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	Hair Color Glasses Facial Hair			Scars / Distinguishing Marks									
Medical Conditions / Disabilities													
	Driver's License / ID Number				State	State Issued Years in City Years in State			S. citizen?	Alien Number			
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ø	Significant Other Full Address, City, State and Zip Employer Supervisor Name						.		the appropriate to deposit the street and the second				
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nereby represent that the foregoing information is true, complete and collegheny Casualty Company to issue, or cause to be issued, bail bond(s)	orrect and is made for the purpose of inducing for the defendant referred to herein.
Signed, sealed and delivered this	
Defendant Signature	Driver's License Number Social Security Number
Defendant Print Name	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.

SORING MARININGS