

BAIL BOND APPLICATION - INDEMNITOR

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 3-PAGE, DOUBLE SIDED DOCUMENT
READ CAREFULLY AND COMPLETE**

Defendant Info	Defendant Name			Birth Date
	Charges			Appearance Date
	Case Number		Court Name	
	Jail Location	County	Booking Number	

Indemnitor Information	Indemnitor Name			My friends / family know me as	
	Home Phone Number		Cell Phone Number	Work Phone Number	
	Relationship to Defendant			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	Social Security Number	
	<input type="checkbox"/> F				
	Driver's License / ID Number		State Issued	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Number
Additional Notes					

Employment	Employer	Position	How Long
	Supervisor's Name		Phone Number
	Union		Local Number
	Military Branch	Active <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Date

Social	Facebook Username	Twitter Username	Linkedin Username	Other Account	Username
	Password	Password	Password	Password	

IMPORTANT FRAUD WARNINGS

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.

Financial	Cash on hand (\$)	Cash in bank (\$)	Monthly Salary or Wages (\$)
	Real Estate Value(\$)	Real Estate Mortgage (\$)	Title Name

Vehicle	Year	Make	Model	Color	Plate Number	State
	Financing company				Balance owed	

Marital Status	<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		Email		Birth Date	
	Significant Other Full Address, City, State and Zip				Years together	Phone Number
	Employer				How Long	Phone Number
	Significant Other Mother Name				Phone Number	
	Significant Other Father Name				Phone Number	
	Former Significant Other Name		Email		Birth Date	
	Former Significant Other Full Address, City, State and Zip				Years together	Phone Number
Employer				How Long	Phone Number	

References	Reference Name		Relationship to Indemnitor		Employer	
	Full Address, City, State and Zip				Cell Phone Number	Work Phone Number
	Reference Name		Relationship to Indemnitor		Employer	
	Full Address, City, State and Zip				Cell Phone Number	Work Phone Number
	Reference Name		Relationship to Indemnitor		Employer	
	Full Address, City, State and Zip				Cell Phone Number	Work 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 _____.

Authorized Signatures	Indemnitor Signature	Driver's License Number _____ Social Security Number _____ Birth Date _____
	Indemnitor Print Name	

SEE NEXT PAGE FOR APPLICABLE FRAUD WARNINGS