



**allegHENY**  
 CASUALTY COMPANY  
 PO Box 5600, Thousand Oaks, CA 91359  
 800.935.2245 info@aiaSurety.com

**BAIL BOND APPLICATION - INDEMNITOR**

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 Info</b>	Defendant Name	Birth Date
	Charges	Appearance Date
	Case Number	Court Name

<b>Indemnitor Information</b>	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	How long in US?
	Employer	Position		How Long	
	Reference Name	DOB	Relationship to Indemnitor	Phone Number	
	Reference Name	DOB	Relationship to Indemnitor	Phone Number	

<b>Authorized Signatures</b>	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 _____.			
	Indemnitor Signature		Driver's License Number	
	Indemnitor Print Name		Social Security Number	
			Birth Date	
<b>NOT FOR USE IN PUERTO RICO    SEE NEXT PAGE FOR APPLICABLE FRAUD WARNINGS.</b>				

**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.

**CALIFORNIA RESIDENTS**

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.