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:

A American Bail Bonds
1815 N. Cocoa BLVD
Cocoa FL. 32922 321 639-5151
Edward Williams LIC# A285170

THIS IS A 4-PAGE, DOUBLE SIDED DOCUMENT
READ CAREFULLY AND COMPLETE

Defendant Information

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			☐ Own ☐ Rent
From	To	Landlord Name (if applicable)	Landlord Phone Number
Former Full Address, City, State and Zip			☐ Own ☐ Rent
From	To	Landlord Name (if applicable)	Landlord Phone Number
☐ M ☐ 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	Former City / Former State	U.S. citizen? ☐ Yes ☐ No / Alien Number / How long in US?

Arrest Information

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? ☐ Yes ☐ No	Currently on bond? ☐ Yes ☐ No	Previously failed to appear? ☐ Yes ☐ No
Bonded before by			When
Co-Defendant Name			Co-Defendant Phone Number

Employment

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 ☐ Yes ☐ No	Discharge Date

Marital Status

☐ Single ☐ Married ☐ Cohabitating ☐ Separated ☐ Divorced ☐ Widowed

Significant Other Name	DOB	Years together
Significant Other Current Full Address, City, State and Zip	Email	
Home Phone Number	Cell Phone Number	Social Security Number
Significant Other Mother Name	DOB	Phone Number
Significant Other Father Name	DOB	Phone Number
Former Significant Other Name	DOB	Years together
Former Significant Other Current Full Address, City, State and Zip	Email	
Home Phone Number	Cell Phone Number	Social Security Number

Social

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

Vehicle

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

Financial

Financial Institution	Phone number	☐ Savings ☐ Checking
Financial Institution Full Address, City, State and Zip		Average Balance

References

Reference Name	DOB	Relationship to Defendant
Full Address, City, State and Zip	Cell Phone Number	Work Phone Number
Reference Name	DOB	Relationship to Defendant
Full Address, City, State and Zip	Cell Phone Number	Work Phone Number
Reference Name	DOB	Relationship to Defendant
Full Address, City, State and Zip	Cell Phone Number	Work Phone Number
Reference Name	DOB	Relationship to Defendant
Full Address, City, State and Zip	Cell Phone Number	Work Phone Number
Reference Name	DOB	Relationship to Defendant
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	Driver's License Number
	Social Security Number
Defendant Print Name	Birth Date

SEE NEXT PAGE FOR APPLICABLE FRAUD WARNINGS.

IMPORTANT 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.

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.