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:

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

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				☐ 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
Driver's License / ID Number	State Issued	U.S. citizen? ☐ Yes ☐ No	Alien Number	How long in US?
Additional Notes				

Employment

Employer	Position	How Long
Supervisor's Name	Phone Number	
Union	Local Number	
Military Branch	Active ☐ Yes ☐ No	Discharge Date

Social

Facebook Username	Twiter Username	Linkedin Username	Other Account	Username
Password	Password	Password	Password	

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

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

Significant Other Name	Email	DOB
Significant Other Full Address, City, State and Zip	Years together	Phone Number
Significant Other Mother Name	DOB	Phone Number
Significant Other Father Name	DOB	Phone Number
Former Significant Other Name	Email	DOB
Former Significant Other Full Address, City, State and Zip	Years together	Phone Number

References

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

Indemnitor Signature	Driver's License Number
	Social Security Number
Indemnitor 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.