

BAIL BOND APPLICATION - INDEMNITOR

COMPANY	INTERNATIONAL FIDELITY INSURANCE COMPANY	PRODUCER	PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:
	ALLEGHENY CASUALTY COMPANY P.O. BOX 9810, CALABASAS, CA 91372-9810 TELEPHONE (800) 935-2245		Tom Culbreth Bail Bonds P.O. Box 1371 Sharpes, FL 32959 321-638-2245

THIS IS A 2-SHEET, DOUBLE-SIDED DOCUMENT

1. Defendant Information			
Defendant Name	_____	DOB	_____
	<i>First</i> <i>Middle</i> <i>Last</i>		
Charges	_____	Case #	_____
Court Name	_____	Date to Appear	_____
POA#	_____		
2. Indemnitor Name and Address			
Name	_____		
	<i>First</i> <i>Middle</i> <i>Last</i>		
My friends/family know me as	_____	Relationship to Defendant	_____
Home Phone #	_____	Cell Phone #	_____
		Work Phone #	_____
Current Address	_____		Email _____
City	_____	State _____	Zip _____
		How long? _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Landlord Name	_____		Landlord Phone # _____
Former Address	_____		
City	_____	State _____	Zip _____
		How long? _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Landlord Name	_____		Landlord Phone # _____
3. Personal Description			
DOB	_____	Place of Birth	_____
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #	_____	Driver's License #	_____
		Issuing State	_____
How Long in U.S.?	_____	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race _____
			Alien # _____
Additional Notes	_____		



4. Employment

Employer _____ Position _____ How Long _____

Employer Address _____

Supervisor's Name _____ Phone # _____

Union _____ Local # _____

Military Branch _____ Active _____ Discharge Date _____

5. Marital Status Single Married Cohabiting Separated Divorced Widowed

Significant Other Name _____ Years together _____

Address _____ Email _____

Home Phone # _____ Cell Phone # _____ DOB _____

Employer _____ How Long? _____ Phone # _____

Significant Other Mother Name _____ Phone # _____

Significant Other Father Name _____ Phone # _____

Former Significant Other Name _____ Years together _____

Address _____ Email _____

Home Phone # _____ Cell Phone # _____ DOB _____

Employer _____ How Long? _____ Phone # _____

6. Vehicle

Year _____ Make _____ Model _____

Color _____ Plate # _____ State _____

Where Financed _____ Amount Owed _____

7. References

Name _____ Relation _____

Address _____ Employer _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Name _____ Relation _____

Address _____ Employer _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Name _____ Relation _____

Address _____ Employer _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

8. Social Network Information

<u>Facebook Account</u>	<u>Twitter Account</u>	<u>LinkedIn Account</u>	<u>Other:</u> _____
Username _____	Username _____	Username _____	Username _____
Password _____	Password _____	Password _____	Password _____

9. Financial Information

Cash on hand \$ _____	Cash in bank \$ _____
Real Estate Value \$ _____	Real Estate Mortgage \$ _____
In whose name is Title? _____	Monthly Salary or Wages \$ _____

Authorized Signatures

I hereby represent and warrant that the foregoing information is true, complete and correct and is made for the purpose of inducing International Fidelity Insurance Company/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

DL # _____

Sign _____

SSN _____

Print _____

DOB _____

**NOT FOR USE IN NORTH CAROLINA
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.

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 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.

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.

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.

PUERTO RICO RESIDENTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. Noncompliance of the provisions of this Section shall be about an administrative fine which shall be not be less than one (1,000) thousand dollars, nor greater than five thousand (5,000) dollars.

RHODE ISLAND 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.

TENNESSEE 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.

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.

WASHINGTON 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.

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.