

# BAIL BOND APPLICATION - INDEMNITOR

<b>COMPANY</b>	<b>INTERNATIONAL FIDELITY INSURANCE COMPANY</b> <hr/> <b>ALLEGHENY CASUALTY COMPANY</b> PO BOX 9810, CALABASAS, CA 91372-9810 TELEPHONE (800) 935-2245	<b>PRODUCER</b>	<small>PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:</small> <b>Azteca Bail Bonds, LLC</b> <b>1235 W. Silverlake Rd.</b> <b>Tucson, Arizona 85713</b> <b>(520) 623-1333</b>
----------------	---	-----------------	---

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

1. Defendant Information	
Defendant Name _____ <small style="display: flex; justify-content: space-around; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </small>	DOB _____
Charges _____	Case # _____
Court Name _____	Date to Appear _____
POA# _____	
2. Indemnitor Name and Address	
Name _____ <small style="display: flex; justify-content: space-around; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </small>	
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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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.

### 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.