

BAIL BOND APPLICATION - DEFENDANT

COMPANY	INTERNATIONAL FIDELITY INSURANCE COMPANY <hr/> ALLEGHENY CASUALTY COMPANY P.O. BOX 9810, CALABASAS, CA 91372-9810 TELEPHONE (800) 935-2245	PRODUCER	<small>PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:</small> Azteca Bail Bonds, LLC 1235 W. Silverlake Rd. Tucson, Arizona 85713 (520) 623-1333
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THIS IS A 2-SHEET, SINGLE SIDED DOCUMENT; READ CAREFULLY AND COMPLETE

1. Defendant Information	
Defendant Name _____	My friends/family know me as _____
Home Phone # _____	Cell Phone # _____
Current Address _____	Email _____
City _____ State _____ Zip _____	How long? _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own
Landlord Name _____	Landlord Phone # _____
Employer _____	Supervisor Name _____
Work Phone # _____	
2. Arrest Information	
Date of Arrest _____	Booking Name (if different) _____
Jail Location _____	County _____
POA# _____	Case Number _____
Co-Defendant Name _____	Phone # _____
3. Personal Description	
<input type="checkbox"/> M <input type="checkbox"/> F	DOB _____
Race/Nationality _____	Height _____
Weight _____	Eye Color _____
Hair Color _____	Glasses _____
Facial Hair _____	Complexion _____
Tattoos / Piercings _____	Scars / Distinguishing Marks _____
Medical Conditions / Disabilities _____	Place of Birth _____
SSN _____	Driver's License / ID # _____
State Issued _____	Number of Years in City _____
Number of Years in State _____	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Alien Number _____	
4. Vehicle	
Year _____	Make _____
Model _____	Color _____
Plate # _____	State _____
5. References	
Significant Other Name _____	Years together _____
Address _____	E-mail _____
Home Phone # _____	Cell Phone # _____
SSN _____	Employer _____
Supervisor Name _____	Work Phone # _____
Reference Name _____	Phone # _____



Authorized Signatures

I hereby represent 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 _____.

Defendant

DL # _____

Sign _____

SSN _____

Print _____

DOB _____

NOT FOR USE IN NORTH CAROLINA AND PUERTO RICO

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 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.

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, 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.