

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		

THIS IS A 2-SHEET, DOUBLE-SIDED DOCUMENT

1. Defendant Information

Defendant Name _____ First Middle Last _____ DOB _____

Charges _____ Case # _____

Court Name _____ Date to Appear _____

POA# _____

2. Indemnitor Name and Address

Name _____ First Middle Last

My friends/family know me as _____ Relationship to Defendant _____

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

Current Address _____ Email _____

City _____ State _____ Zip _____ How long? _____ Rent Own

Landlord Name _____ Landlord Phone # _____

Former Address _____

City _____ State _____ Zip _____ How long? _____ Rent Own

Landlord Name _____ Landlord Phone # _____

3. Personal Description

DOB _____ Place of Birth _____ Male Female

Social Security # _____ Driver's License # _____ Issuing State _____

How Long in U.S.? _____ U.S. citizen? Yes 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

Facebook Account

Twitter Account

LinkedIn Account

Other: _____

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 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 _____

ONLY FOR USE IN NORTH CAROLINA