

Bond Professional Surety Insurance Services
License OB33276
P.O. Box 2207
Spring Valley, CA 91979-2207

Tel: (619) 670-1136
Toll Free: (800) 622-6637
Fax: (619) 670-5026
Email: bondpro1@cox.net

ADDITIONAL PERSONAL INDEMNITOR

COMPANY/APPLICANT'S NAME (NAME THAT WILL BE ON BOND)/ PRINCIPAL				RELATIONSHIP TO PRINCIPAL		TODAY'S DATE	
ADDITIONAL INDEMNITOR'S LAST NAME		FIRST	INITIAL	DATE OF BIRTH		HOME PHONE	
MARRIED SINGLE	DIVORCED SEPARATED	SPOUSE'S LAST NAME		FIRST	INITIAL	SPOUSE'S D.O.B.	SPOUSE'S S.S.#
HOME ADDRESS			CITY	STATE	ZIP	HOW LONG? YRS. MOS.	<input type="checkbox"/> BUYING <input type="checkbox"/> APT. <input type="checkbox"/> RENTING <input type="checkbox"/> HOUSE
NAME OF LANDLORD OR MORTGAGE COMPANY				ADDRESS		CITY	STATE ZIP
DATE PURCHASED		PURCHASE PRICE \$		CURRENT MARKET VALUE \$		PRESENT LOAN BALANCE \$	
OTHER REAL ESTATE OWNED				ADDRESS		CITY	STATE ZIP
DATE PURCHASED		PURCHASE PRICE \$		CURRENT MARKET VALUE \$		PRESENT LOAN BALANCE \$	
PREVIOUS ADDRESS			CITY	STATE	ZIP	HOW LONG? YRS. MOS.	<input type="checkbox"/> BUYING <input type="checkbox"/> APT. <input type="checkbox"/> RENTING <input type="checkbox"/> HOUSE
ADDITIONAL INDEMNITOR'S EMPLOYER				WORK PHONE ()		LENGTH OF EMPLOYMENT YRS. MOS.	
EMPLOYER'S ADDRESS			CITY	STATE	ZIP	MONTHLY INCOME \$	
SPOUSE'S EMPLOYER				WORK PHONE ()		LENGTH OF EMPLOYMENT YRS. MOS.	
EMPLOYER'S ADDRESS			CITY	STATE	ZIP	MONTHLY INCOME \$	
BANK		BRANCH		CHECKING ACCT.#		BAL. \$	
				SAVINGS ACCT. #		BAL. \$	
BANK ADDRESS				CITY		STATE	ZIP
EVER DECLARE BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		ANY PENDING OR PRIOR TAX LIENS? <input type="checkbox"/> YES <input type="checkbox"/> NO		ANY LAWSUITS PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO		EVER FAILED IN BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF NEAREST LIVING RELATIVE		ADDRESS			CITY	STATE	ZIP
					RELATIONSHIP		

INDEMNITY AGREEMENT - READ CAREFULLY BEFORE SIGNING.

Incon

1. To pay Surety an annual premium n advance each year during which liability under the bond shall continue in force and until satisfactory evidence of termination

Instructions: This is a binding legal document – Read it carefully.

Indemnitors:

X _____
(Indemnitor's Signature) (Print Name)

X _____
(Indemnitor's Signature) (Print Name)

Dated: _____, _____.

X _____
(Spouse Indemnitor's Signature) (Print Name)

X _____
(Spouse Indemnitor's Signature) (Print Name)

State of _____

County of _____

On _____ before me, _____

Date

Here Insert Name and Title of the Officer

personally appeared _____

Name(s) of Signer(s)

_____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

Signature of Notary Public

State of _____

County of _____

On _____ before me, _____

Date

Here Insert Name and Title of the Officer

personally appeared _____

Name(s) of Signer(s)

_____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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Signature _____ (Seal)

Signature of Notary Public

State of _____

County of _____

On _____ before me, _____

Date

Here Insert Name and Title of the Officer

personally appeared _____

Name(s) of Signer(s)

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