



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	SOCIAL SECURITY #/TIN		HOME PHONE
<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	SPOUSE'S LAST NAME		FIRST	INITIAL	SPOUSE'S D.O.B.	SPOUSE'S S.S.#
<input type="checkbox"/> SINGLE	<input type="checkbox"/> SEPARATED						
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	MONTHLY RENTAL PAYMENT \$
NAME OF LANDLORD OR MORTGAGE COMPANY		ADDRESS		CITY	STATE	ZIP	
DATE PURCHASED	PURCHASE PRICE \$	CURRENT MARKET VALUE \$	PRESENT LOAN BALANCE \$		MONTHLY PAYMENT \$		
OTHER REAL ESTATE OWNED		ADDRESS		CITY	STATE	ZIP	
DATE PURCHASED	PURCHASE PRICE \$	CURRENT MARKET VALUE \$	PRESENT LOAN BALANCE \$		MONTHLY PAYMENT \$		
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.

In consideration of American Contractors Indemnity Company, Texas Bonding Company and/or U. S. Specialty Insurance Company referred to hereafter as "Surety," issuing the bond applied for, the undersigned hereby agree for themselves, their heirs, successors and assigns, jointly and severally:

- To indemnify Surety against all losses, liabilities, costs, damages, attorneys' fees and expenses the Surety may incur or has incurred due to the execution and issuance of the bond on, before or after this date including any modifications, renewals or extensions of the bond or the enforcement of the terms of this indemnity agreement.
- The Surety or its representatives shall have the right to examine the credit history, department of motor vehicle records, employment history, books and records of the undersigned or the assets covered by the bond, or the assets pledged as collateral for the bond. Privacy Notice: All nonpublic personal information gathered pursuant to the application shall not be disclosed except as permitted by law.
- The undersigned agree to waive notice of the execution of the bond, notice of any fact, knowledge or information affecting the undersigned's rights or liabilities under the bond that Surety may have or discover prior to or after execution of the bond.
- The undersigned, upon written demand, shall deposit with Surety a sum of money requested by Surety to cover any claim, suit, expense or judgment that Surety may in its absolute discretion determine is necessary and the deposit shall be pledged as collateral security on any such bond or other bonds the Surety may have issued for the undersigned. The undersigned hereby irrevocably appoints Surety as their attorney in fact to execute any documents necessary to perfect Surety's security interests in any collateral submitted to Surety. Surety shall have the exclusive right to determine if any claim or suit shall be denied, paid, compromised, defended or appealed. An itemized statement of payments made by Surety shall be prima facie evidence of the obligation of undersigned due to Surety. The undersigned agree that it is their responsibility to defend their own interests.
- Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in Los Angeles County, California, and venue for any suit, arbitration, mediation or any other form of dispute resolution shall be in Los Angeles County, California.
- The rights and obligations of the undersigned are in addition to and cumulative of all other rights, liabilities and obligations under the laws of the State of California. The undersigned confirms that Surety shall have every right, defense or remedy including the rights of exoneration and subrogation.
- Unless specified by law or stated in the bond that the bond can not be cancelled, Surety may cancel bond by mailing a notice of cancellation in the U.S. mail to the Obligor and Principal at the last address provided to Surety and cancellation shall become effective thirty (30) days after the date of deposit with the United States Postal Service.

Regardless of the date of signature, this indemnity is effective as of the date of execution and renewal of the aforementioned bond(s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein and in the bond(s).

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

Dated: _____, _____.

Indemnitors:

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

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

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

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

To reach the branch closest to you, call 800-361-1720

STATE OF _____)
) ss. On this _____ day of _____ in the year _____,
 before me, _____ a
COUNTY OF _____)
 Notary Public, State of _____, duly commissioned and sworn,
 personally appeared _____, personally known to me (or proved to me on the
 basis of satisfactory evidence) to be the person(s) whose name 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.
 WITNESS my hand and official seal.

(Seal)

Notary Public, State of _____
My commission expires _____

STATE OF _____)
) ss. On this _____ day of _____ in the year _____,
 before me, _____ a
COUNTY OF _____)
 Notary Public, State of _____, duly commissioned and sworn,
 personally appeared _____, personally known to me (or proved to me on the
 basis of satisfactory evidence) to be the person(s) whose name 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.
 WITNESS my hand and official seal.

(Seal)

Notary Public, State of _____
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