

A

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 \$		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.

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)

To reach the branch closest to you, call **800-787-3896**

STATE OF _____)
) ss. On this _____ day of _____ in the year _____,
COUNTY OF _____) before me, _____ a
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 _____,
COUNTY OF _____) before me, _____ a
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),
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