ADDITIONAL PERSONAL INDEMNITOR

COMPANY/APPLICANT'S NAME (NAME THAT WILL BE ON BOND)/ PRINCIPAL					RELA	RELATIONSHIP TO PRINCIPAL			TODAY'S DATE		
ADDITIONAL INDEMNITOR'S LAST NAME		FIRST	INITIAL DATE O		TE OF BIRTH	I			HOME PHONE		
MARRIED DIVORCED SINGLE SEPARATED	SPOUSE'S LAST	NAME	FIRST		INITIAL SPOUSE'S D.O.B.).B.	SPOUSE'S S.S.#			
HOME ADDRESS	CITY	STATE				IOW LONG?			JSE PAYMENT \$		
NAME OF LANDLORD OR MORTGAGE COMPANY ADDRESS CITY STATE ZIP											
DATE PURCHASED PUR \$	TE PURCHASED PURCHASE PRICE CURRENT MARKET \$			ET VA	LUE	PRESENT LOAN BALANCE \$			MONTHLY PAYMENT \$		
OTHER REAL ESTATE OWNED ADDRESS CITY STATE ZIP											
DATE PURCHASED PUR	RCHASE PRICE		CURRENT MARKE \$	ET VAI	LUE PRESENT LOAN BALANCE \$			MONTHLY PAYMENT \$			
PREVIOUS ADDRESS CITY			STATE	ZIP HOW LONG? YRSMOS			□ BUYING □ APT. □ RENTING □ HOUSE				
ADDITIONAL INDEMNITOR'S EMPLOYER				WORK PHONE ()]	LENGTH OF EMPLOYMENT YRSMOS.			
EMPLOYER'S ADDRESS CITY				STATE ZIP				MONTHLY INCOME \$			
SPOUSE'S EMPLOYER					WORK PHONE ()			1	LENGTH OF EMPLOYMENT YRSMOS.		
EMPLOYER'S ADDRESS CITY STATE ZIP MONTHLY INCOME \$ \$						E					
BANK BRANCH				CHECKING ACCT.#SAVINGS ACCT. #				BAL. \$ BAL. \$			
BANK ADDRESSS SAVINGS ACC1. #											
EVER DECLARE BANKRUPTCY?				ANY LAWSUITS PENDING?			EVER FAILED IN BUSINESS?				
	AME OF NEAREST LIVING RELATIVE ADDRESS CITY STATE ZIP RELATIONSHIP										

INDEMNITY AGREEMENT - READ CAREFULLY BEFORE SIGNING.

In consideration of the Surety issuing the bond applied for, the undersigned hereby agree for themselves, their heirs, successors and assigns, jointly and severally:

- 1. To pay Surety an annual premium in advance each year during which liability under the bond shall continue in force and until satisfactory evidence of termination of the Surety's liability is furnished to the Surety.
- 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.
- 4. 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.
- 5. 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.
- 6. Surety and undersigned agree that the place of performance of this agreement, including the promise to pay Surety, shall be in the location and venue designated by Surety for any suit, arbitration, mediation or any other form of dispute resolution.
- 7. 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 the Surety's main office. The undersigned confirms that Surety shall have every right, defense or remedy including the rights of exoneration and subrogation.
- 8. Unless specified by law or stated in the bond that the bond cannot be cancelled, Surety may cancel bond by mailing a notice of cancellation in the U.S. mail to the Oblige 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).

	<i>tructions: This is a binding legal</i> emnitors:	l document – Read it carefully.	Dated:	,	·
Х			Х		
_	(Indemnitor's Signature)	(Print Name)	(Spouse Indemnitor's Signature)	(Print Name)	
Х			Х		
_	(Indemnitor's Signature)	(Print Name)	(Spouse Indemnitor's Signature)	(Print Name)	

P.O. Box 751883, Las Vegas, NV 89136 Ph: (800) 223.0370 ~ Fax: (800) 355.6596

State of		
County of		
On before me,		
Date	Here Insert Name and Title of t	he Officer
personally appeared	Name(s) of Signer(s)	
who proved to me on the basis of satisfactory evidence instrument and acknowledged to me that he/she/they ex- his/her/their signature(s) on the instrument the person(s) instrument.	secuted the same in his/her/their author	rized capacity(ies), and that by
I certify under PENALTY OF PERJURY under the paragraph is true and correct.	laws of the State of	that the foregoing
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 t	he Officer
personally appeared		
	Name(s) of Signer(s)	
who proved to me on the basis of satisfactory evidence instrument and acknowledged to me that he/she/they ex- his/her/their signature(s) on the instrument the person(s) instrument. I certify under PENALTY OF PERJURY under the paragraph is true and correct.	ecuted the same in his/her/their author), or the entity upon behalf of which the	rized capacity(ies), and that by e person(s) acted, executed the
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 t	he Officer
personally appeared		
	Name(s) of Signer(s)	
who proved to me on the basis of satisfactory evidence instrument and acknowledged to me that he/she/they ex his/her/their signature(s) on the instrument the person(s) instrument.	secuted the same in his/her/their author	rized capacity(ies), and that by
I certify under PENALTY OF PERJURY under the paragraph is true and correct.	laws of the State of	that the foregoing

WITNESS my hand and official seal.

Signature_

(Seal)