

ADDITIONAL PERSONAL INDEMNITOR APPLICATION

SUBMISSION INSTRUCTIONS:

a) Please fill out the form and use the “Submit Application” button at the end of the page to deliver your form by email.

-OR-

b) You can fill out, print, then send or fax your completed form to the Bond Services location nearest you.

Your emergency is our emergency, an underwriter will respond to your request within 24 hours of receipt.

San Diego

401 West A Street #1810
San Diego, CA 92101
Phone: 619-231-9522
Fax: 619-231-9545
sandiego@bondservices.com

Orange County

2700 N. Main St. #1105
Santa Ana, CA 92705
Phone: 888-558-3007
Fax: 714-558-8297
orangecounty@bondservices.com

Los Angeles

900 Wilshire Blvd #1400
Los Angeles, CA 90017
Phone: 213-628-2970
Fax: 213-628-2977
losangeles@bondservices.com

Inland Empire

242 E. Airport Drive #206
San Bernardino, CA 92408
Phone: 909-890-1409
Fax: 909-890-4282
sanbernardino@bondservices.com

San Jose

52 South First Street #210
San Jose, CA 95113
Phone: 408-998-5056
Fax: 408-279-3160

Concord

2300 Clayton Road #1440
Concord, CA 94520
Phone: 925-676-2663
Fax: 925-676-2339
concord@bondservices.com

Sacramento

7221 South Land Park Drive
Sacramento, CA 95831
Phone: 916-424-0435
Fax: 916-424-0437
sacramento@bondservices.com

Texas

201 Main Street #600
Fort Worth, TX 76102
Phone: 817-349-6038
Fax: 817-349-6040
info@southwestbonding.com

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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.

Incon

- 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)

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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(Seal)

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My commission expires _____

Click the "Submit Application" button to send your
secure online form to Bond Services of California.