



Your Bonding Resource Center!

## 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 Southwest Bonding Company.

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

#### **Texas**

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

#### **San Diego**

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

#### **Los Angeles**

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

#### **Inland Empire**

290 W. Orange Show Rd. #109  
San Bernardino, CA 92408  
Phone: 909-890-1409  
Fax: 909-890-4282  
[sanbernardino@bondservices.com](mailto:sanbernardino@bondservices.com)

#### **San Jose**

55 South Market St. #1060  
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](mailto:concord@bondservices.com)

#### **Sacramento**

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

#### **Arizona**

20325 N. 51st Ave. #134  
Glendale, AZ 85308  
Phone: 623-362-0601  
Fax: 623-362-2218  
[az@bondservices.com](mailto:az@bondservices.com)

# 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.

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,  
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WITNESS my hand and official seal.

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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 \_\_\_\_\_

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secure online form to Southwest Bonding Company.