



American Contractors Indemnity Company

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)