



800-298-4826  
or 949-248-1543 (if outside CA)

PHLY CONTRACT EXPRESS Form 1

For Single Bonds and/or Aggregates up to \$800,000

- Complete and Submit the Application and GIA

For Single Bond and/or Aggregates greater than \$800,000 up to \$1,500,000

- Complete and Submit the Application and GIA
- Attach Year-End and Current Company Financial Statement
- Attach Current Personal Financials for Each Owner/Spouse



bondconnection@bondconnection.com

Contractor Data <small>Complete for New Account Submissions Only</small>								
Company Name:			Business Start Date: / /			Current Ownership Since:		
Address: (City) (State) (Zip)			Bus. Phone: ( ) -					
Type of Contractor:			Certification: 8A, SDVOSB, or Other Yes No					
Desired Bonding Program: \$1.5M/\$1.5M \$800,000/\$800,000 Bond Only Other, List:								
Experience Data <small>Complete for New Account Submissions Only</small>								
1 <sup>st</sup> Largest Job Completed W/In Last 2 Years: \$			Gross Profit/Loss: \$			Name of GC or Owner:		
Scope/Job Description:								
2 <sup>nd</sup> Largest Job Completed W/In Last 2 Years: \$			Gross Profit/Loss: \$			Name of GC or Owner:		
Scope/Job Description:								
Current Work on Hand								
# of Bonded Jobs in Progress:			Estimated Cost to Complete: \$			Anticipated Profit/(Loss): \$		
# of Un-Bonded Jobs in Progress:			Estimated Cost to Complete: \$			Anticipated Profit/(Loss): \$		
Background Data <small>*** Attach an explanation for any questions answered "Yes" below ***</small>						Corp. Cash & BLOC		
Has company, affiliated company, or any owner filed for bankruptcy within the last five years?						Yes	No	Bank Name:  Current Corp. Cash on Hand: \$  Line of Credit Amount: \$  Amount of Line Utilized Today: \$
Are the company and/or owners delinquent on any state and/or federal income and/or payroll taxes?						Yes	No	
Has company, affiliated company, or any owner been associated with a company that caused a surety loss?						Yes	No	
Are there other companies owned by stockholders/owners of applicant?						Yes	No	
Are there any assets held in trust or pledged by company of stockholders/owners?						Yes	No	
Are there any open and/or pending lawsuits/claims/liens, business or personal?						Yes	No	
Has any owner ever been convicted of a crime other than a traffic violation?						Yes	No	
Has the company ever failed to complete any work awarded to them?						Yes	No	
Owner/Indemnitor Info. (Spouse Info. Required) - Additional Blanks are Provided on Form 3								
Name		SSN	Date of Birth	Percent Owned	Constr. Mgmt Experience (Yrs.)	Annual Income	Personal Cash on Hand	Non-Retirement Investment Acct. Value
Owner 1		- -	/ /	%		\$	\$	\$
Spouse 1		- -	/ /	%		\$	\$	\$
Address:		(City)	(State)	(Zip)	US Citizens: Yes No			
Owner 2		- -		%		\$	\$	\$
Spouse 2		- -		%		\$	\$	\$
Address:		(City)	(State)	(Zip)	US Citizens: Yes No			
Bond Request Data <small>If This is a Prequalification Request Only, Please Disregard This Section</small>								
Anticipated Start Date: / /		Time for Completion: Days		Daily Liquidated Damages: \$			Maintenance Prd: Yr(s)	
Obligee Name:					Obligee Phone/Email:			
Obligee Address: (City) (State) (Zip)								
Job Legal Description:					Job Number:			
Job Physical Address: (City) (State) (Zip)								
<b>BID or CONTRACT PRICE: \$</b>					<b>CONTRACT:</b> Please attach a copy of all Non- AIA Contracts for review			
<b>BID or CONTRACT PRICE BREAKDOWN:</b>								
1.) Labor: %	2.) Subcontractors: %	3.) Materials: %	4.) Equipment: %	5.) Overhead & Profit: %	6.) Other: %			
<b>BOND FORM:</b> PHLY Form AIA Form Obligee Form (submit)								
<b>-Select Bond Type and Complete Corresponding Section Below:</b>								
Bid			OR			Performance & Payment		
						Multi-Year/Service		
			Stand Alone Maintenance			Supply <small>-PHLY Annual bond form required</small>		
Bid Bond% or Flat Amount:			Next 2 Lowest Bid Amounts: \$			\$		
Bid Date: / /			<b>Bid Secured By:</b> Check/ILOC			PHLY Bid Bond Other Surety Bid Bond		
			Other			Negotiated No Bid Security Required		

Agency Data		
PHLY Producer Code:	Agency Name and Contact:	Phone/Email:

Additional Owner/Indemnitor Data <small>(Complete This Section <u>Only</u> if There Are Additional Indemnitors Not Previously Listed on the Application)</small>								
Name	SSN	Date of Birth	Percent Owned	Constr. Mgmt Experience (Yrs.)	Annual Income	Personal Cash on Hand	Non-Retirement Investment Acct. Value	
Owner 3	- -	/ /	%		\$	\$	\$	
Spouse 3	- -	/ /	%		\$	\$	\$	
Address: (City) (State) ( Zip)						US Citizens: Yes No		
Owner 4	- -	/ /	%		\$	\$	\$	
Spouse 4	- -	/ /	%		\$	\$	\$	
Address: (City) (State) ( Zip)						US Citizens: Yes No		
Owner 5	- -	/ /	%		\$	\$	\$	
Spouse 5	- -	/ /	%		\$	\$	\$	
Address: (City) (State) ( Zip)						US Citizens: Yes No		
Owner 6	- -	/ /	%		\$	\$	\$	
Spouse 6	- -	/ /	%		\$	\$	\$	
Address: (City) (State) ( Zip)						US Citizens: Yes No		

**\*\*\*ALL OWNERS AND SPOUSES ARE SUBJECT TO CREDIT REVIEW\*\*\***  
**PLEASE CHECK THE BELOW BOX OR HAVE PHLY GENERAL INDEMNITY AGREEMENT (Pgs. 3-4) SIGNED TO AUTHORIZE**

Fair Credit Reporting Act Notice in making this application for surety, it is understood that an investigative consumer report may be prepared whereby pertinent information concerning your character, reputation, personal characteristics and mode of living may be obtained. Information as to the nature and scope of this report may be obtained upon written request.

Owner 1	Owner 2	Owner 3	Owner 4	Owner 5	Owner 6
Spouse 2	Spouse 2	Spouse 3	Spouse 4	Spouse 5	Spouse 6

## **FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that they/they are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

## **FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE (OR STATEMENT OF CLAIM) CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN DISTRICT OF COLUMBIA:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**APPLICABLE IN FLORIDA** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

**APPLICABLE IN MAINE:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN NEW JERSEY:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**APPLICABLE IN OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**APPLICABLE IN OKLAHOMA:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**APPLICABLE IN PENNSYLVANIA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN NEW YORK:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. THIS APPLIES TO AUTO INSURANCE.

**THIS SIGNATURE SECTION MUST BE COMPLETED BY NEW YORK RESIDENTS ONLY.**

Owner Print Name Here: Signature X: _____	Spouse Print Name Here: Signature X: _____
Owner Print Name Here: Signature X: _____	Spouse Print Name Here: Signature X: _____

All applicants must have a completed and signed indemnity agreement on file with Philadelphia Indemnity Insurance Company.

### GENERAL INDEMNITY AGREEMENT

**THIS** General Indemnity Agreement (AGREEMENT) is made by the undersigned Principal(s) and Indemnitor(s), all of which are individually and collectively referred to as Indemnitors, for the continuing benefit of Surety in connection with any Bond executed on behalf of any Indemnitor. Indemnitors hereby certify the truth of all statements in the application, authorize the Surety to verify this information and to obtain additional information from any source, including obtaining a credit report at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Surety in its reasonable discretion.

**DEFINITIONS.** The following terms shall have the following definitions in this Agreement:

**BOND:** Any surety bond, undertaking, or other express or implied obligation of guaranty of suretyship executed or committed to by Surety, at the request of any Principal or Indemnitor on, before or after this date, and any riders, endorsements, extensions, continuations, renewals, substitutions, increases or decreases in penal sum, reinstatements or replacements thereto.

**PRINCIPAL:** The person(s) and entity(ies), for whom any Bond is issued or committed to by Surety, or any one or combination thereof, or their successors in interest, whether alone or in joint venture with others named herein or not named herein, and any person or entity that directly or indirectly, through one or more intermediaries, controls or is controlled by, or is under common control with any party to this Agreement.

**SURETY:** Any and all of Philadelphia Indemnity Insurance Company, their respective co-sureties, reinsurers, and any other person or entity which may act as surety or co-surety on any Bond, or any other person or entity who executes any Bond at its request.

**INDEMNITOR:** Any person or entity signing this Agreement or whose authorized representatives sign this Agreement.

**INDEMNITY.** Indemnitors:

1. Agree to defend, indemnify, and save harmless Surety from and against any and all demands, liabilities, costs, penalties, obligations, interest, damages and expenses of whatever nature or kind, including but not limited to attorneys' fees and costs and fees that Surety may sustain or incur (hereinafter "Loss") in investigation of claims or potential claims, adjustment of claims, procuring or attempting to procure the discharge of Bond, or attempting to recover losses or expenses from Indemnitors or third parties, whether Surety shall have paid out, or anticipates paying out any such sums; and
2. Agree to pay Surety all premiums on Bonds issued by Surety on behalf of any Indemnitor, in accordance with Surety's rates in effect when each payment is due. Premiums on contract bonds are based on the contract price, without reference to the penal sum of the Bond, and shall be adjusted due to changes in the total contract price. On any Bond where Surety charges an annual premium, such annual premium shall be due upon execution of the Bond and upon the renewal or anniversary date of such Bond until satisfactory evidence of termination of Surety's liability as a matter of law under the Bond is furnished to Surety's satisfaction; and
3. Agree that in furtherance of such indemnity:
  - a. In the event of any Loss by Surety under any Bond and this Agreement, an itemized statement of Surety's loss and expense, sworn to by a representative of Surety, or other evidence of disbursement by Surety, shall be prima facie evidence of the fact and extent of Indemnitors liability under this Agreement.
  - b. Surety shall have the right in its sole and absolute discretion to determine whether any claim, liability, suit or judgment made or brought under any Bond or Bonds shall be paid, compromised, adjusted, defended, prosecuted or appealed.
  - c. Surety's determination shall be final, conclusive and binding upon the Indemnitors. Indemnitors acknowledge that Surety's discretion is expressly bargained for by Surety, is a precondition for Surety to consider issuing or procuring any Bond, and is a significant part of the consideration for Surety to enter into this Agreement.

**GENERAL PROVISIONS.** Indemnitors further agree as follows:

4. If a claim or demand for performance of any obligation under any Bond is made against Surety, Indemnitors, upon Surety's demand, shall immediately deposit with Surety United States legal currency, as collateral security, in an amount equal to Surety's Loss with respect to any claim or demand, plus an amount equivalent to Surety's estimate of its anticipated expenses and attorneys' fees to be incurred in connection therewith. Indemnitors acknowledge and agree that Surety shall be entitled to specific performance of this paragraph.
5. Indemnitors' obligations under this Agreement are joint and several. Repeated actions under this Agreement or as otherwise permitted may be maintained by Surety without any former action operating as a bar to any subsequent action. Surety's release of any one Indemnitors shall not release any other Indemnitors. No action or inaction of Surety with respect to anyone other than Indemnitors shall relieve the Indemnitors of any obligation under this Agreement. Indemnitors shall not be released from liability under this Agreement because of the status, condition, or situation of any party to this Agreement or any Principal.
6. If the execution of this Agreement by any Indemnitor is defective or invalid for any reason, such defect or invalidity shall not affect the validity hereof as to any other Indemnitor. Should any provision of this Agreement be held invalid, the remaining provisions shall retain their full force and effect.
7. Indemnitors waive any defense that this instrument was executed subsequent to the date of any Bond and acknowledge that such Bond was executed pursuant to Indemnitors request and in reliance on Indemnitors promise to execute this Agreement. Indemnitors understand and agree that this Agreement is a continuing agreement to indemnify over an indefinite period.
8. Indemnitors have the right to review all Bonds executed by Surety for errors and omissions prior to delivery of the Bond to the obligee, and hereby waive any claim against Surety arising out of any such error or omission.
9. Surety may decline to execute any Bond for any reason and shall not be liable to Indemnitors, or any person or entity, as a result of such declination.
10. Indemnitors may terminate liability to Surety under this Agreement ONLY by sending written notice by registered mail of intent to terminate to Surety, in care of Philadelphia Indemnity Insurance Company, One Bala Plaza, Bala Cynwyd, PA 19004, attention Surety Division. Termination will be effective thirty days after actual receipt of such notice by Surety, only for Bonds signed or committed to by Surety after the effective date.
11. Indemnitors understand and agree that other than for the entity issuing a Bond, no other entity included within definition of the "Surety" in this Agreement assumes any obligation whatsoever with respect to either this Agreement or such Bond.
12. This Agreement may be executed in counterparts, with each counterpart being deemed one and the same original document. A copy of this Agreement shall be deemed an original for all purpose.
13. As further security, Indemnitors hereby grant to Surety a security interest in, and lien on, all of their equipment, machinery, plant, inventory, insurance policies, vehicles, tools, real property, and materials, as well as sums, claims, causes of action, accounts, accounts receivable, and rights due or to become due in connection with any contract, whether or not bonded by Surety. This Agreement shall constitute a Security Agreement and a Financing Statement for the benefit of the Surety in accordance with the Uniform Commercial Code and all similar statutes and a deed of trust or mortgage, as applicable, and may be filed by the Surety without notice to perfect the security interests and liens granted herein. The Surety may add schedules, property descriptions, and other documents to this Agreement as necessary and may sign a copy of this Agreement, or copy thereof, where required for filing as a Financing Statement or to otherwise perfect any interest granted herein.

14. Principal hereby irrevocably nominates and appoints the Surety and its designees as their attorney-in-fact with the right, power, and authority, but not the obligation, to exercise all of the rights and powers of the Principal assigned, transferred, and set over to the Surety in this Agreement. Surety may, in the name of the Principal, or any one or more of them, make, endorse, execute, sign, and deliver any and all additional or other instruments and writings, including, but not limited to, assignments, financing statements, documents, instruments, checks, drafts, deposit, ACH and wire transfer directives, change of address notices, liens and releases thereof, applications, certificates, draw requests, releases, and papers deemed necessary or desirable by Surety, and to collect the proceeds thereof.
15. As to any legal action related to this Agreement, Principal and Indemnitors consent to the jurisdiction of any court of competent jurisdiction, including the jurisdiction of any state or federal court where the Surety, Principal, or one or more of any of the Indemnitors is domiciled or doing business, at the sole discretion of the Surety. Principal and Indemnitors waive any right to trial by a jury for any tort or contract claims related to this Agreement and waive any claim or defense in any such action based on alleged lack of personal jurisdiction, improper venue, forum non conveniens or any similar basis.

**Note: Indemnity is required of the entity AND all owners and spouses individually. First, provide the indemnity of the entity having an authorized officer sign and date below, listing his or her authorized title on behalf of the entity thereafter. Then, all owners and spouses must sign as individual personal indemnitors.**

**ELECTRONIC SIGNATURES REQUIRE A COMPLETION CERTIFICATE**

**CORPORATE INDEMNITY**

**COMPANY NAME (print):** \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Signature: \_\_\_\_\_ **(Person authorized to sign for the company)**

Print name here: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed:    /    /

**COMPANY NAME (print):** \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_

Signature: \_\_\_\_\_ **(Person authorized to sign for the company)**

Print name here: \_\_\_\_\_

Title: \_\_\_\_\_

Date Signed:    /    /

**PERSONAL INDEMNITY**

**Indemnitor**

**Signature:** \_\_\_\_\_

**Spouse**

**Signature:** \_\_\_\_\_

(Indemnitor) Print name here: \_\_\_\_\_

(Spouse) Print name here: \_\_\_\_\_

Date Signed:    /    /

Date Signed:    /    /

Cell Phone #:    -    -

Cell Phone #:    -    -

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Indemnitor**

**Signature:** \_\_\_\_\_

**Spouse**

**Signature:** \_\_\_\_\_

(Indemnitor) Print name here: \_\_\_\_\_

(Spouse) Print name here: \_\_\_\_\_

Date Signed:    /    /

Date Signed:    /    /

Cell Phone #:    -    -

Cell Phone #:    -    -

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Indemnitor**

**Signature:** \_\_\_\_\_

**Spouse**

**Signature:** \_\_\_\_\_

(Indemnitor) Print name here: \_\_\_\_\_

(Spouse) Print name here: \_\_\_\_\_

Date Signed:    /    /

Date Signed:    /    /

Cell Phone #:    -    -

Cell Phone #:    -    -

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_