

# THE SERVICE INSURANCE COMPANY, INC.

## **INDEMNIFICATION AGREEMENT—READ CAREFULLY AND SIGN ALL SIGNATURES MUST BE NOTARIZED**

The maker or makers of the foregoing statement hereby authorizes the Company to investigate my statements and to check my credit with any creditors or lending institutions. The undersigned and each of them hereby certify that each statement herein contained is true and that this statement and/or answers to the questions are made for the purpose of inducing Service Insurance Company to execute or continue certain bonds or undertakings. In consideration of the execution of this bond by Service Insurance Company, the undersigned (Applicant) hereby agrees:

1. To pay to Service Insurance Company, upon demand:
  - a. The premium or premiums determined by Service Insurance Company on said bonds.
  - b. A sum of money to cover any liability, claim, suit, or Judgement against said bond, and any legal fees or expense incurred thereon
  - c. To indemnify Service Insurance Company and hold Service Insurance Company harmless from any and all liability, damages, loss, costs and expenses of kind and nature, including attorneys' fees which Service Insurance Company may sustain or incur in consequence of having executed said bond or enforcing the terms of this agreement against any of the undersigned, or in procuring or attempting to procure its release from liability under said bond.
2. Service Insurance Company shall have the exclusive right to determine whether any claim or suit shall, on the basis of liability, expediency or otherwise, be paid, compromised, defended or appealed.
3. An itemized statement of loss and expense incurred by Service Insurance Company, sworn to by an officer of Service Insurance Company, shall be prima facia evidence of the fact and extent of my obligation to Service Insurance Company.
4. Service Insurance Company may procure its release from said suretyship under any law for release of sureties without liability to me as Principal for any damages I sustain therefrom.
5. This agreement shall apply to all renewals, continuations, substitutions and extensions of the suretyship herein applied for.
6. Service Insurance Company is authorized to complete any blanks contained in the application or indemnity agreement at the time of execution by the undersigned.
7. It is understood and agreed that the premium for this bond is fully earned upon issuance and is not refundable in the first year of coverage.
8. If cancelable, Service Insurance Company may cancel this bond for cause and not return any part of said premium. Cause shall include, but not be limited to: Failure to comply with the terms of the indemnity agreement or any agreements between the parties; furnishing of incorrect information to Service Insurance Company; failure to make payments into any build-up fund called for; decrease in security, if any, given to Service Insurance Company; any claim(s) upon the bond; obtaining the bond through misrepresentations, whether intentional or negligent; failure to furnish information when requested by Service to Service Insurance Company; any claims(s) upon the bond; aiding or abetting another in the presentation of a false or fraudulent claim(s); failure to make any payment demanded by Service Insurance Company pursuant to this agreement.

Each page must be initialed by each indemnitor

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In consideration of the execution by the Service Insurance Company of the suretyship herein applied for, each of the undersigned, jointly and severally, agrees to be bound by all of the terms of the foregoing indemnity agreement executed by the applicant, as fully as though each of the undersigned were the sole applicant named herein and admit to being financially interested in the performance of the obligation which the suretyship applied for is given to secure

SIGNATURE OF PERSONAL INDEMNITOR AND SPOUSAL INDEMNITOR

X\_\_\_\_\_

X\_\_\_\_\_

**ADDITIONAL COLLATERAL**

List Home Address and Sign

X\_\_\_\_\_

X\_\_\_\_\_

Each page must be initialed by each indemnitor

\_\_\_\_\_

**Notary Acknowledgment Page**  
**(To be completed for each signature on the indemnification agreement)**

**Corporation Acknowledgment**

State of \_\_\_\_\_ SS:

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_ to me  
known, who, being by me duly sworn, did depose and say that (s)he resides in \_ and that  
(s)he is the \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Corporation Acknowledgment**

State of \_\_\_\_\_ SS:

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_ to me  
known, who, being by me duly sworn, did depose and say that (s)he resides in \_ and that  
(s)he is the \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Individual Acknowledgment**

State of \_\_\_\_\_ SS:

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_ to me  
known, and known to me to be the individual who executed the foregoing instrument, and acknowledged  
that (s)he executed the same.

\_\_\_\_\_  
Notary Public

**Individual Acknowledgment**

State of \_\_\_\_\_ SS:

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_ to  
me known, and known to me to be the individual who executed the foregoing instrument, and  
acknowledged that (s)he executed the same.

\_\_\_\_\_  
Notary Public

Make copies where necessary.