BTIS USE ONLY Submission Number

## Victory® Bonds Program - California Additional Personal Indemnitor

AGENT USE ONLY					
Bond Number					

## FOR CO-SIGNER ONLY - REQUIRES NOTARIZATION

Business Name That Will be on Bond					
Additional Indemnitor's Name	Relationship to Applicant*				
Street Address				L	
City			ate	ZIP	
Phone Number				D.O.B.	
INDEMNITY AGREEMENT			N/		
In consideration of issuing the Bond(s) ap	oplied for by the Applicant, ad and the Indemnitor(s) is e foregoing Indemnity Agre mnitor(s) has (have) sufficiented to execute this agreem	each of the Undersigne (are) aware of the contement. This obligation ent interest in the performance.	ed, now referred to tents of the Indemi imposes individua		
Indemnitor's Printed Name	Social Security Number	Drivers License Number	Date	Signature	
A notary public or other officer of document to which this certificate					
State of California }					
County of			<u> </u>		
On before me,			, Notary Public, personally		
appeared					
	y executed the same in ne entity upon behalf of aws of the State of Calif	his/her/their authoriz which the person(s)	ed capacity(ies) acted, executed	subscribed to the within instrument and, and that by his/her/their signature(s) the instrument. I certify under true and correct.	
Note	ary Public Signature			Notary Public Seal	