

BTIS USE ONLY
Submission Number

Victory® Bonds Program - Oregon 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			
City		State	ZIP
Phone Number	Fax Number		D.O.B.

* A spouse of a sole proprietor or partner of a partnership are ineligible as an Additional Personal Indemnitor.

INDEMNITY AGREEMENT - READ CAREFULLY AND SIGN

In consideration of issuing the Bond(s) applied for by the Applicant, each of the Undersigned, now referred to as Indemnitor(s), acknowledge(s) that the above Indemnity Agreement has been read and the Indemnitor(s) is (are) aware of the contents of the Indemnity Agreement. The Indemnitor(s) jointly and severally agree(s) to be bound by the foregoing Indemnity Agreement. This obligation imposes individual liability on the Indemnitor(s) as well as joint liability with the Applicant. The Indemnitor(s) has (have) sufficient interest in the performance of the obligation which this suretyship applied for is given to secure and is (are) fully empowered to execute this agreement.

ADDITIONAL INDEMNITOR(S), sign here:

(May include spouses, and/or domestic partners, of the above signed applicants, owners of closely held corporations and/or third parties)

Indemnitor's Printed Name	Social Security Number	Drivers License Number	Date	Signature
				X

State/Commonwealth of _____

County of _____

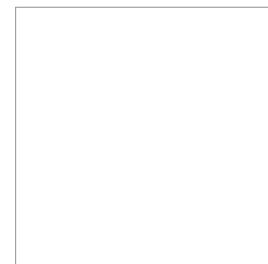
On this the _____ day of _____, _____ before me, _____,

the undersigned Notary Public, personally appeared _____

proved to me on the basis of satisfactory evidence, to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.

Notary Public Signature



Notary Public Seal