

BTIS USE ONLY
Submission Number

Victory® Bonds Program - Washington 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 of Washington }

County of _____

I certify that I know or have satisfactory evidence that _____

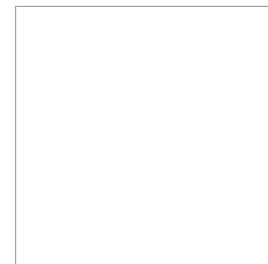
_____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

Signature of Notarizing Officer

Title: _____

My appointment expires: _____



Notary Public Seal