



Western National Insurance Group
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E surety@wnins.com

THIS IS A BINDING LEGAL DOCUMENT. PLEASE READ BEFORE SIGNING.

All signatures including spouse's are required and must be correctly signed and notarized

Company Name or Principal - (same as on bond(s)):

CO-INDEMNITOR'S INFORMATION:

Form fields for Co-Indemnitor's Name, Date of Birth, Social Security No., Driver's License No., Spouse's Name, Date of Birth, Social Security No., Driver's License No., If Not Married, Check Box, Home Address, City, State, Zip Code, Phone, Cell Phone.

CO-INDEMNITOR'S EMPLOYMENT INFORMATION:

Form fields for Employer, Work Phone, Address, City, State, Zip Code, Position, How Long, Monthly Income.

CO-INDEMNITOR'S G@67DI D;F;@9 INFORMATION:

Form fields for Checking/Savings Balances, Bank Name, Brokerage (Non Retirement), Institution Name, If Rent, Check Box, Purchase Price, Year Purchased, Loan Balance, Current Market Value, Lender, Address, City, State, Zip Code, Have you ever declared bankruptcy or become insolvent?, Do you have any pending lawsuits,unsatisfied judgments, liens or past bond claims?

Attention: Any person who knowingly and with intent to defraud a surety company or any other person files an application for a surety bond containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act and may be subject to civil and/or criminal penalties.



## CO-INDEMNIFICATION AGREEMENT

**IMPORTANT! THIS IS A LEGAL DOCUMENT – READ CAREFULLY**

I agree to indemnify Western National Mutual Insurance Company and/or any of its affiliated companies (WNNMIC) ( hereinafter “SURETY”) as hereinafter provided in connection with any BOND executed on behalf of \_\_\_\_\_ (“Principal”) or any other person or entity defined as PRINCIPAL or RELATED PERSON. I certify that all the information provided is true, is given to induce SURETY to issue any BOND, and understand that SURETY would not issue any BOND, without my indemnity. I agree that proof of the falsity of any statement will be prima facie proof of material, intentional and fraudulent misrepresentation for all purposes of law and equity. I authorize SURETY or its agents to investigate my credit, now and at any time in the future, to release information to SURETY pertaining to my credit. I further agree:

1. I agree that the following definitions apply: (a) Bond means (i) any surety bond, undertaking, or other express or implied obligation of guaranty or suretyship, signed or committed to by WNNMIC at the request of Principal, or any of the indemnitors (regardless of what business entity is named on the Bond), on, before, or after the date of this agreement pursuant to which WNNMIC is or may be made liable for Loss, whether or not Principal is also liable; and (ii) all riders, endorsements, continuations, renewals, substitutions, modifications, extensions, replacements and reinstatements thereto; and changes in the penal sum thereto; and (b) Loss means any payment or expense either incurred or anticipated by WNNMIC in connection with this Bond or this agreement, including but not limited to: payment of bond proceeds or any other expense in connection with claims, potential claims, or demands; claims fees charge of \$120 for each claim and , penalties, interest, court costs, collection agency fees; costs related to taking, protecting, realizing upon, or releasing collateral; and attorney’s fees (including but not limited to those incurred in defense of bond claims or pursuing any rights of indemnification or subrogation and in obtaining and enforcing any judgment arising from those rights).
2. I, individually, and jointly and severally with Principal and all other indemnitors, agree to hold WNNMIC harmless from all Loss and to pay back or reimburse WNNMIC for all Loss.
3. I agree to provide adequate collateral to WNNMIC in the event WNNMIC is required or deems it necessary to establish a reserve for a Loss for any Bond. The reserve for Loss may vary from time to time as WNNMIC deems necessary to protect itself from Loss. Cash collateral equal to the reserve for Loss shall be adequate. Collateral may be held by WNNMIC until WNNMIC has determined it is no longer exposed to Loss as a matter of law, and WNNMIC may retain or sell collateral to reimburse itself for Loss. Specific performance of this paragraph shall be a remedy available to WNNMIC and procedures for executing on judgments may be used to enforce WNNMIC’s decree(s) of specific performance. In the event that WNNMIC suffers a Loss, prior to being provided with collateral, WNNMIC may enforce any decree, as a money judgment (in addition to any other judgments) to reimburse itself for such Loss without further notice or motion.
4. I agree to pay WNNMIC all premiums when due according to the rates in effect when each payment is due. I agree that premium for a Bond is fully earned upon execution of a Bond and is not refundable.
5. I agree that an electronic copy of this agreement shall be considered as an original and shall be admissible on a court of law to the same extent as the original agreement.
6. I agree that WNNMIC may obtain a release from its obligations as surety on a Bond whenever such release is authorized by law.
7. If a bond can be unilaterally cancelled by the surety, WNNMIC may cancel a Bond by mailing notice of cancellation in the regular U.S. Mail to the obligee and to Principal, or Principal’s representative, at the latest address provided to WNNMIC, and I agree to accept service of notice in such manner. I designate my insurance agent as my representative and Principal’s representative for such service. Unless a Bond, statute or lawful government regulation specifically provides otherwise, cancellation of a Bond shall be effective 30 days after WNNMIC deposits the requisite notice of cancellation on the U.S. Mail. I WAIVE ANY CLAIM AGAINST WNNMIC FOR DAMAGES which I may suffer as a result of cancellation of a Bond or any release from any obligation of WNNMIC on any Bond.
8. I agree that WNNMIC has the exclusive right to decide whether to pay, compromise, defend, or appeal any claim against a Bond.
9. I agree that I CANNOT TERMINATE MY LIABILITY to WNNMIC created by this agreement except by sending written notice of intent to WNNMIC. Written notice to terminate shall be sent by registered mail to Western National Insurance Company at its home office, 5350 West 78<sup>th</sup> Street, Edina, MN, 55439-3101. I AGREE that the termination will be effective thirty working days after actual receipt of such notice by WNNMIC, but only for Bonds signed and committed to by WNNMIC after the effective date. Thus, I agree that I will REMAIN LIABLE to WNNMIC for LOSS on BONDS SIGNED OR COMMITTED TO BY WNNMIC PRIOR TO THE EFFECTIVE DATE OF TERMINATION.
10. I agree that WNNMIC can bring any legal action arising out of or in any way related to any Bond or this agreement in Hennepin County, Minnesota and that Minnesota law shall apply where WNNMIC makes such an election.
11. I agree that I have READ AND UNDERSTOOD this agreement, that I am signing as a CO- INDEMNITOR, on behalf of my MARITAL COMMUNITY.. The invalidity or unenforceability of any provision hereof shall in no way affect the validity or enforceability of any other provision. No missing signature shall invalidate this agreement.

<b>Signatures/Notary Acknowledgement</b>	
Co-Indemnitor’s Signature <b>X</b>	Co-Indemnitor’s Name (Print)
Co-Indemnitor’s I Spouse’s Signature <b>X</b>	Co-Indemnitor’s Spouse’s Name (Print)
<p>State of _____ County of _____</p> <p>I certify that I know or have satisfactory evidence that _____ and _____</p> <p style="text-align: center;">Name of Individual(s)</p> <p>Is/are the individual(s), who appeared before me and said individual(s), acknowledge that he/she/they signed this instrument and acknowledged it be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.</p> <p>Dated: _____ Notary Public: _____ My appointment expires: _____</p>	