Bankers Insurance Company INDEMNITY AGREEMENT – 1 of 2

RELATIONSHIP				
	DOB	SS#	D/L#	
ADDRESS				
PHONE (H)	(CELL)	(EMAIL)	
EMPLOYER		POSITION_		HOW LONG
ADDRESS			PHONE	
HOME: BUY/RENT FROM W	HOM?	PRESEN	T VALUE A	MT. OWED
CAR: YR MAKE	MODEL	COLOR	TAG NO	ST
WHERE DID YOU BUY CAR	?	AMT. OWED	TO WHOM	
LIST NAME, ADDRESS & P	hone of Parent's/Friends	/Relatives:		
CO-INDEMNITOR INFORMA				
ADDRESS				
EMPLOYER		ITION H		
•				
ADDRESS			PHONE	
ADDRESS MAKE				
CAR: YR MAKE	MODEL	COLOR		
	MODEL	COLOR		ST
CAR: YR MAKE LIST NAME, ADDRESS & P	MODEL Phone of Parents/Friends/	COLOR	TAG NO	ST

Bankers Insurance Company INDEMNITY AGREEMENT – 2 of 2

NOW THEREFORE, in consideration of the premises and the hereby acknowledged, the undersigned do/does hereby understand assigns, as follows:	1 , 1				
I. That the undersigned will have the aforesaid	fortho	oming			
before the court named in said bond, attached hereto, at the til		_			
be ordered by the said court. 2. That the undersigned will at a and against every and all claims, demands, liability, cost, char whatsoever which the said SURETY or its Agent shall or may consequence of the said SURETY having executed said bond Agent in funds to meet every claim, demand, liability, cost, characteristics.	Il times indemnify and save SURETY or its Agent, harmle rge, counsel fee, expense, suit order, judgment or adjudicary for any cause at any time sustain or incur by reason or in or undertaking, will upon demand, place the said SURET harge, counsel fee, expense, suit order, judgment, or adjudiced to the said surface of the said surface.	ess from tion Y or its			
against it, by reason of such Suretyship, and before it or its Ag 3. The condition of said Indemnity Agreement provides that the SURETY upon the bond referred to herein, the undersign	as long as there is any liability or loss of any nature what				
the property, real or personal given as security or which the unfurther agreed that SURETY or its Agent shall have a lien up has become, or may become, liable by reason of its having ex	oon all property of the undersigned for any sums due it for	-			
4. The voucher or any other evidence of any payment made by		shall be			
conclusive evidence of such payment against the undersigned	and the undersigned's estate both as to the property thereo	of and as			
to the extent of the liability thereof to the said SURETY. 5. The	hat the said SURETY or its Agent may withdraw from its				
Suretyship upon said bond or undertaking at any time that it is returned by the said SURETY or its Agent, at the time it shall obligation, but shall be retained.	, , ,				
7. That the failure of any the undersigned to comply with the others.	provision of this Indemnity Agreement shall be binding up	on the			
8. If any provision or provisions of this instrument be void or construction or enforcement, this instrument shall be void or veffect as though such provisions were omitted. 9. In addition, employers, bankers, the Federal Social Security Administration Insurance the U.S. Armed Forces, the State Division of Motor Enforcement Agencies, all telecommunication carrier, i.e. page other persons or organizations having information concerning Company and its assigns and/or duly authorized representative incurred as a result of Defendant's nonappearance. The Indem Privacy Act-Freedom of Information Act, Title 6, Fair credit at the use of copies of this document by Bankers Insurance Com Act and authorized the use of copies of this document by Ban representatives. I further understand that this is an application credit reporting agencies. 10. Florida Fraud Statement - Any person who knowingly and statement of claim or an application containing any false, incodegree. I have read the above contract and understand it, and agree to IN WITNESS WHEREOF, the undersigned have duly execut	witiated thereby but shall be constructed and enforced with the Indemnitor hereby authorized and directs his relatives on, the Internal Revenue Service, the State Department of a Vehicles, all Municipal, County, State and Federal Law ging, cellular phone, long distance and phone companies, a the Indemnitor to give such information to Bankers Insures for the purpose of securing reimbursement for any expensitor hereby waives his/her rights they may have under tit and Reporting Act, and any such local or state law and authorized and its assigns and/or fully authorized respect to the kers Insurance Company and its assigns and/or fully authorized review of my credit his different to injure, defraud, or deceive any insurer, omplete or misleading information is guilty of a felony of the fulfill ALL provisions therein.	Disability and any ance enses le 28 horized Privacy orized story via			
this day of	, 20				
Witness		_ L.S.).			
Witness		_ L.S.).			
The foregoing instrument was acknowledged before me this d	day of 20	-			
by who is personally known to me or who has produced as identification, and who did take an oath.					
My Commission Expires: Serial Number					
Notary Public					