

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Indemnitor(s) Initial

## INDEMNITOR INFORMATION

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_ Rel to Def. \_\_\_\_\_

Employed By \_\_\_\_\_ Address / City, \_\_\_\_\_ Ph. \_\_\_\_\_

Occupation \_\_\_\_\_ How long \_\_\_\_\_ Superior \_\_\_\_\_ Monthly Income \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Acct. Type \_\_\_\_\_ Balance \_\_\_\_\_

Spouse \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_

Employed By \_\_\_\_\_ Address / City, \_\_\_\_\_ Ph. \_\_\_\_\_

Real Property \_\_\_\_\_ in Whose Name \_\_\_\_\_ How Long \_\_\_\_\_

Value \_\_\_\_\_ Purchase Price \_\_\_\_\_ Equity \_\_\_\_\_ Financed by \_\_\_\_\_

Authority is hereby granted to agent or company executing the above bond obligation to request and be furnished any information concerning my above statement and financial standing, credit or manner of meeting obligations. The above statement is true and correct statement to the best of my knowledge.

**I CERTIFY THAT THE ABOVE  
INFORMATION IS CORRECT AND TRUE**

Signature of Indemnitor

Date

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Occupation \_\_\_\_\_ How long \_\_\_\_\_ Superior \_\_\_\_\_ Monthly Income \_\_\_\_\_

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A few facts about the case \_\_\_\_\_