



GENERAL INDEMNITY AGREEMENT INFORMATION REQUEST

Principal's Name _____

The following information needs to be provided in the event a General Indemnity Agreement must be prepared. If a third party corporation or partnership is also indemnifying; please photocopy this form and complete, showing the president and corporate secretary or all members of the partnership. If applicable, type name of third party here:

If Corporation or Partnership - Provide the following (President and Corporate Secretary must be indicated)

Name _____ Title _____ % Own _____

Spouse Name _____ Spouse's SSN _____

Home Address, Zip _____ Phone No. () - _____

Name _____ Title _____ % Own _____

Spouse Name _____ Spouse's SSN _____

Home Address, Zip _____ Phone No. () - _____

Name _____ Title _____ % Own _____

Spouse Name _____ Spouse's SSN _____

Home Address, Zip _____ Phone No. () - _____

Name _____ Title _____ % Own _____

Spouse Name _____ Spouse's SSN _____

Home Address, Zip _____ Phone No. () - _____

If Proprietorship - Provide the following

Name _____ Title _____ % Own _____

Spouse Name _____ Spouse's SSN _____

Home Address, Zip _____ Phone No. () - _____

Name _____ Title _____ % Own _____

Spouse Name _____ Spouse's SSN _____

Home Address, Zip _____ Phone No. () - _____

Name _____ Title _____ % Own _____

Spouse Name _____ Spouse's SSN _____

Home Address, Zip _____ Phone No. () - _____