

If Indemnitor is an Individual, sign below:

Instructions: Signatures of individual Indemnitors must be witnessed. Indemnitors must include their Social Security Number. All signatures must be dated with names printed or typed on the line provided.

_____	_____	_____	_____
(Witness Signature)	(Date)	(Indemnitor Signature)	(Date)
_____		_____	
(Print or Type Name)		(Print or Type Name)	

		(SSN)	
_____	_____	_____	_____
(Witness Signature)	(Date)	(Indemnitor Signature)	(Date)
_____		_____	
(Print or Type Name)		(Print or Type Name)	

		(SSN)	
_____	_____	_____	_____
(Witness Signature)	(Date)	(Indemnitor Signature)	(Date)
_____		_____	
(Print or Type Name)		(Print or Type Name)	

		(SSN)	

If Indemnitor is a Corporation, Limited Liability Company or Partnership, sign below:

Instructions: If the entity is: 1) a corporation, an authorized officer should sign on behalf of the corporation, 2) a limited liability company, a manager or member should sign on behalf of the LLC, or 3) a partnership, a partner should sign on behalf of the partnership. Please provide the entity's federal tax identification number on the line provided.

The undersigned hereby affirms to Company as follows: I am a duly authorized official of the business entity Indemnitor on whose behalf I am executing this Agreement. In such capacity I am familiar with all of the documents which set forth and establish the rights which govern the affairs, power and authority of such business entity including, to the extent applicable, the certificate or articles of incorporation, bylaws, corporate resolutions and/or partnership, operating or limited liability agreements of such business entity. Having reviewed all such applicable documents and instruments and such other facts as deemed appropriate, I hereby affirm that such entity has the power and authority to enter into this Agreement and that I am duly authorized to execute this Agreement on behalf of such entity.

			(Seal)
_____		_____	
(Indemnitor Name)		(Indemnitor Signature)	
_____		_____	
(Federal Tax ID)		(Print or Type Name and Title)	(Date)
			(Seal)

		(Witness Signature)	

		(Print or Type Name and Title)	(Date)

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.