**INDEMNITY AGREEMENT**

WFG NATIONAL TITLE INSURANCE COMPANY will be issuing its title insurance for the land described WFG Commitment Nr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(“Property”)

Title to the real property to be insured is subject to the following notice of commencement (describe Book and Page where NOC is recorded):

(“NOC”)

WFG has been requested to insure title to Property without exception for the NOC or liens that may be filed after the date of the policy but have priority as of the date of the recording of the NOC. The undersigned agrees as follows:

1. To indemnify and hold WFG harmless from any and all liens, lawsuits, and all other matters arising directly or indirectly from work performed on the Property pursuant to the project described in the NOC.
2. To defend at their expense the Property and all parties insured by WFG to own or have a mortgage on the Property against any litigation, claims or any other matter brought against the Property for all matters arising directly or indirectly from work performed on the Property pursuant to the project described in the NOC; and hold WFG harmless from all attorney fees and court costs arising directly or indirectly from the foregoing.
3. To pay and obtain a release of any liens filed against the Property arising directly or indirectly from work performed on the Property pursuant to the project described in the NOC as soon as possible after being notified of said liens.

This \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online

notarization, this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Notary Public, State of Florida

Name:

My Commission Expires:   
My Commission Number is: