

Surety Application

Thank you for giving **Integrity Bonds**, the opportunity to assist you with your bonding needs. The surety may ask for additional information or clarification of certain aspects of your company during the underwriting process. Upon approval of your account, a signed and dated General Indemnity Agreement will be required. Completion of this form constitutes permission for **Integrity Bonds** and or Surety Broker(s) to obtain consumer information which will be used to determine bonding eligibility. Please feel free to call us with any questions you may have about the above information.

Effective Date: _____ **Expiration Date:** _____
Term of Bond Requested: 1 yr. ? 2 yrs. ? 3 yrs. ? 4 yrs. ?

Type of Bond: _____ **Amount:** _____
Who is requiring the Bond (**Obligee**): _____
Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Name (as to appear on bond): _____
Business Address: _____ **City:** _____ **County:** _____ **State:** ____ **Zip:** _____
Telephone #: _____
Fax: _____ **e-Mail Address:** _____
Federal ID#: _____ **License #** _____ **(if applicable)**
Type of Business: ? Individual ? Partnership ? Corporation ? Other: _____
Date Business Was Started: _____ **Type of Business:** _____
List any other related, affiliated, subsidiary entities or other DBA's of Applicant: _____
If any owners have other equity interests, describe: _____

Has the applicant ever; (a) has the application for the bond been **declined** and if so by whom and for what reason: _____ No ? Yes?
(b) Does anyone that is applying for this bond or the firm itself have any **Unsatisfied Judgments**: No ? Yes ?
(c) **Tax Liens**: No ? Yes ?
(d) **Undisputed Collections**: No ? Yes ?
(e) **Absence of any Credit Relationship for 24 months by owners personally or by firm?** No ? Yes ??
(f) **Defaulted on a contract**: No ? Yes ??
(f) **Defaulted on a contract forcing a Surety to suffer a loss**: No ? Yes ??
(g) **Experienced a bankruptcy**; if so what was the **discharge date** _____ and which **chapter was it** 7 ?? 11 ? or 13 ? _____ No ? Yes?

Owner Information

Name: _____ **Soc. Sec. #:** _____
Address: _____ **City:** _____ **State:** ____ **Zip:** _____
Date of Birth: _____ **Spouse:** _____ **Telephone #:** _____
% Owned: _____ **Years Owned Business:** _____ **Related Experience:** _____

Name: _____ **Soc. Sec. #:** _____
Address: _____ **City:** _____ **State:** ____ **Zip:** _____
Date of Birth: _____ **Spouse:** _____ **Telephone #:** _____
% Owned: _____ **Years Owned Business:** _____ **Related Experience:** _____

Integrity Bonds
Toll Free Phone 866-420-2613
Fax 480-452-1730

PO Box 54338 Phoenix, AZ 85078
E-Mail: Info@IntegrityBonds.com
Website Address: WWW.IntegrityBonds.Com
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Personal Financial Information
All Owners with a 10% interest or more must complete the following:

Owner's Name _____ Statement as of _____

Cash on hand			
Checking Account		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Others	
IRA or Retirement Acct.		Installment Account (Auto)	
Accounts & Notes Receivable		Installment Account (Other	
Life Insurance – Cash Surrender Value Only		Loan on Life Insurance	
Stocks and Bonds		Unpaid Taxes	
Real Estate (complete section below)		Mortgages On Real Estate	
Automobile – Present Value		Other Liabilities	
Other Personal Property		Total Liabilities	
Other Assets		<i>Net Worth (Assets less Liabilities)</i>	
Total Assets		Total Net Worth & Liabilities	

Real Estate Owned (Used attachment if necessary to list all properties owned.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Mortgage Holder			
Mortgage Balance			
Payment Per M/Y			
Type of loan			
Interest rate			

I authorize Integrity Bonds / Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, character or manner of meeting obligations to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information may be found guilty of a criminal and/or civil offense."

Signature: _____ Date: _____

Printed Name: _____

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