

Court Application

Thank you for giving **Integrity Bonds** the opportunity to assist you with your bonding needs.

In addition to this application we will need the following:

1. Court documents (any and all documents relating to the case). [Click Here](#)
2. Complete explanation from the applicant and/or attorney of the case.
3. If stop notice or mechanic's lien: provide complete address of contractor:

We 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. Please feel free to call us with any questions you may have about the above information.

Applicant Information

Name: _____ Soc. Sec. #: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Spouse: _____ Telephone #: _____

Occupation _____ Present Employer: _____ How Long? _____

[If Applicable]

% Owned: _____ Years Owned Business: _____ Related Experience: _____

Name: _____ Soc. Sec. #: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Spouse: _____ Telephone #: _____

Occupation _____ Present Employer: _____ How Long? _____

[If Applicable]

% Owned: _____ Years Owned Business: _____ Related Experience: _____

Attorney Information

Attorney Firm Name: _____ Attorney Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

How Long Has Attorney Known Applicant? _____

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

Bond Information

Effective Date: _____
Type of Bond: _____ Amount: _____
Who is requiring the Bond (Obligee): _____
Address: _____ City: _____ County: _____
State: _____ Zip: _____

Business Information (If Applicable)

Name (as to appear on bond): _____
Business Address: _____ City: _____ State: _____ Zip: _____
Federal ID#: _____ Telephone #: _____ Fax: _____
e-Mail Address: _____
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: _____

Case Information

Case Number: _____
Defendant Name: _____
Defendant Address: _____ City: _____ State: _____ Zip: _____

Please describe the nature of the case:

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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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