

Lost Instrument Application

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

Instrument Information

What was Lost?

How was it Lost?

What was Lost?

What was done to recover the item?

Bond Information

Effective Date: _____

Type of Bond: _____ Amount: _____

Who is requiring the Bond (Obligee): _____

Address: _____ City: _____ 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:

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: _____