



Secretary of State
Designated Agent Bond
for Illinois Vehicle Dealers

This space for use by
Secretary of State

Secretary of State
Vehicle Services Department
501 S. Second St., Rm. 069
Springfield, IL 62756

www.cyberdriveillinois.com

Dealer's Name _____

Account # _____

Bond # _____

KNOW ALL MEN BY THESE PRESENTS, that we _____

_____ of _____

as Principal, and _____, a corporation organized and existing under and by virtue of the laws of the State of _____, and authorized to become sole surety on bonds in the State of Illinois, as surety, are held firmly bound unto People of the State of Illinois in the penal sum of Twenty Thousand Dollars (\$20,000), lawful money of the United States, for payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents, for the following location: _____

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That WHEREAS, the above bounden Principal is required by law and applicable rules promulgated by the Secretary of State to collect and remit to the Secretary of State, State of Illinois, title and registration fees and taxes, as a licensed Illinois vehicle dealer for the licensing period ending December 31, 20_____.

NOW, THEREFORE, IF the said Principal shall well, truly and faithfully collect and remit the title and registration fees and taxes that an Illinois vehicle dealer is required to collect and remit according to the Illinois Vehicle Code as now in effect or amended or any subsequent law, and comply with all applicable rules promulgated by the Secretary of State then this obligation to be void, otherwise to be and remain in full force and effect.

PROVIDED, HOWEVER, that the Surety hereby agrees to notify the Secretary of State at the following address thirty (30) days prior to cancellation of this bond: Illinois Secretary of State, Dealer Licensing Section, 501 S. Second St., Rm. 069 Howlett Building, Springfield, IL 62756.

IN WITNESS WHEREOF, said Principal has hereunto signed his or her name and said Surety has hereunto caused its name and corporate Seal to be affixed by its duly authorized officer this _____ day of _____, 20_____.

Principal Seal

Title

Surety

Title

Witness

Witness

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____

NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ EFF.DATE: _____ EXP.DATE: _____
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP AMOUNT: _____
 OBLIGEE: _____

OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)

SECTION II: GENERAL INFORMATION

APPLICANT'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

BUSINESS NAME: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____

BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)

DATE BUSINESS BEGAN UNDER CURRENT NAME: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO

HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER:

SECTION III: ADDITIONAL OWNERS / PARTNERS

APPLICANT'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS		NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP

Completion of this form constitutes permission to obtain consumer information which will be used to determine bonding eligibility This information will be held in the strictest confidence no premium financing will be accepted as premium is earned in full.

Integrity Bonds Inc

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235