

UTILITY PAYMENT BOND

BOND NO. _____
CY -OFF-RTE-FOLIO- T _____
BEST'S RATING _____
For Ameren Illinois use only

KNOW ALL PERSONS BY THESE PRESENTS:

That we , _____ as Principal, and the
(Customer's Name: Corporation, Partnership, Individual, Sole Proprietor and d/b/a. if any)

_____, a _____ corporation
(Complete Name of Surety Company) (List State)

authorized to do business in the State of Illinois, as Surety, are held and firmly bound unto Ameren Illinois an Illinois corporation, as Obligee, in the sum of _____ Dollars/\$ _____, for the payment whereof to said Obligee, the Said Principal and said Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS said Principal has entered into an agreement (Agreement) with the Obligee, dated the ___ day of _____, providing for the purchase of electric power and/or natural gas service at _____, (List complete address(es) of Principal)

and is required to provide a deposit guaranteeing payment of just bills incurred under the Agreement.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH THAT,

If said Principal shall well and truly pay all due and just bills incurred under said Agreement, then this obligation shall be void; otherwise, to remain in full force and effect. If said Surety after receiving notification of Principal's default in paying the required deposit, the amount in default or any part thereof, at the option of the Obligee, shall commence accruing a late payment charge equal to one and half (1 1/2) percent per month on and after 60 days from receipt of demand for payment until said amount in default, subject to penal sum of Utility Payment Bond, is received by the Obligee.

It is further understood and agreed that the Surety will pay or cause to be paid to Obligee within sixty (60) days from receipt of a demand for payment, all sums incurred under this obligation.

No alteration which may be made in the terms of the Principal's service contract, nor the giving by the Obligee of any extension or forbearance on the part of the Obligee, nor any other action of the Obligee shall be held to have released said Surety from its obligations hereunder, except to the extent that the Principal itself is released. Notice to said Surety of the acceptance of this bond by the Obligee and notice of any such alteration, extension or forbearance and notice of default of the Principal is hereby waived.

THE VALIDITY, CONSTRUCTION, INTERPRETATION AND EFFECT OF THIS UTILITY PAYMENT BOND SHALL BE GOVERNED BY THE LAWS OF THE STATE OF NEW YORK. The state courts located in St. Louis County, Missouri or the U.S. District Court, Eastern District of Missouri, shall be the exclusive jurisdiction and venue for any lawsuit arising under this Utility Payment Bond. If these courts refuse to accept jurisdiction unless the law governing this Utility Payment Bond is the State of Missouri, the governing law will be of that state and not the State of New York.

IN WITNESS WHEREOF, said Principal and said Surety have executed these presents this _____ (Date)

Affix Corporate Seal of Principal

Signature(s) of Principal(s) and Authorized Titles, as required

Affix Corporate Seal of Surety

(Complete Name of Surety Company)

Address of Surety:

Signature of Power of Attorney (Attach Power of Attorney)

(Zip Code)

Distribution of Copies:
Forward original copy with Power of Attorney to:

Telephone No. _____ / _____
(Area)

AmerenIP
Credit Department
PO Box 2543
Decatur, IL 62525

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

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Local (480) 626-8916

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