

Michigan Department of Energy, Labor and Economic Growth
Bureau of Commercial Services
Licensing Division
PROFESSIONAL INVESTIGATOR
P.O. Box 30018, Lansing, MI 48909
517-241-8720
www.michigan.gov/pi

Bond No.:
Effective Date

PROFESSIONAL INVESTIGATOR OR PROFESSIONAL INVESTIGATOR AGENCY SURETY BOND

AUTHORITY: P.A. 285 of 1965, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

Know All Persons By These Presents, That _____

doing business as _____, or

_____ a Sole proprietorship/LLC/Partnership/Corporation

located in the State of _____ City of _____ County of _____

and State of Michigan, as principal and _____, a surety company duly authorized and

existing under and by virtue of the laws of the state of _____ with its principal office at

_____ and admitted to do business in the State of Michigan, as surety, are held and firmly bound unto the State of Michigan and persons damaged by the principal's failure to satisfy its responsibilities as set forth in the condition hereof in the sum of \$10,000.00 to the payment whereof, the above parties truly bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, and each of them, firmly by these presents.

WHEREAS, the principal desires to act as a professional investigator or professional investigator agency licensed by the State of Michigan under P.A. 285 of 1965, as amended, and

WHEREAS, Public Act 285 of 1965, as amended requires each professional investigator or professional investigator agency licensee thereunder to file and maintain in force a corporate surety bond conditioned upon the faithful and honest conduct of the business by the licensee in a form prescribed by the Michigan Department of Energy, Labor & Economic Growth for the benefit of all persons injured by the willful, malicious, and wrongful act of the principal; and

WHEREAS, this corporate surety is executed pursuant to and for the purposes set forth in Public Act 285 of 1965, as amended; and

WHEREAS, the above parties agreed that the Michigan Department of Energy, Labor & Economic Growth will rely hereon if said Department issues a professional investigator or professional investigator agency license to the principal; and

WHEREAS, the above parties agree that this corporate surety shall be effective upon approval hereof by the Department and in no event later than the time at which a professional investigator or professional investigator agency license is issued to the principal; and

WHEREAS, the above parties agree that this bond is valid until the expiration of the principal's professional investigator or professional investigator agency license and may not lapse or be canceled prior to this date unless the surety gives the Department of Energy, Labor & Economic Growth 30-days written notice of such lapse or cancellation and that the surety shall remain liable for any breach of condition occurring up to the effective date of cancellation.

NOW, THEREFORE, the condition of this obligation is that if the above named principal fails to faithfully and honestly conduct business, the bond shall indemnify any person damaged thereby, provided that the aggregate liability of the State to all such persons shall not exceed the sum of this bond.

Signed and sealed as herein set forth.

Witnessed by: _____ Date _____ (L.S.)
Owner/President/License Holder

Witnessed by: _____ Date _____ (L.S.)

Witnessed by: _____ Date _____ (SEAL)
Surety

Note: If partnership, all partners must sign.
If corporation, president or secretary signs indicating title of signatory.
If LLC, Member or Manager must sign.

I hereby approve the foregoing bond.

Department of Energy, Labor & Economic Growth
Director or designated representative

ATTORNEY-IN-FACT: Please enter your address and telephone number below:

ADDRESS _____

TELEPHONE NO. _____

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Bond forms change; this is for educational purposes only.

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

E-Mail info@integritybonds.com

Toll Free: (866) 420-2613

Local (480) 626-8916

Fax: (602) 674-8235