



TEXAS DEPARTMENT OF LICENSING AND REGULATION
 P.O. Box 12157 - Austin, Texas 78711-2157
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 www.license.state.tx.us - CS.Talent.Agencies@license.state.tx.us

TALENT AGENCY BOND

THE STATE OF TEXAS

COUNTY OF _____ **BOND NUMBER:** _____

KNOWN ALL MEN BY THESE PRESENTS:

THAT (I) (WE), _____
 Owner(s) of Company

Of _____ of _____,
 Name of company City, State

PRINCIPAL, and _____
 Name of surety

SURETY, duly authorized and qualified to do business as a surety company in this state, are firmly bound unto the **STATE OF TEXAS** in the sum of **TEN THOUSAND AND NO/100 DOLLARS (\$10,000)** payable at Austin, Travis County, Texas, to the State of Texas for damages, restitution of expenses, including reasonable attorney's fees, incurred by any person as the result of the operation of the principal as a talent agency pursuant to Occupations Code, Chapter 2105, and for the payment of which, well and truly to be made, we bind ourselves, our heirs, successors and assigns, jointly and severally, firmly by these presents.

This bond is to remain in full force and effect subject to the following terms and conditions:

1. It is agreed that as of , _____ this bond shall be in
 effective date
 full force and effect and remain in effect until cancelled by the **SURETY**.
2. This bond is open to successive recovery, but in no event shall the aggregate liability of the SURETY under this bond for any and all damages to one or more claimants exceed the face value of this bond.
3. The SURETY may at any time cancel this bond by giving thirty (30) days written notice to the Texas Department of Licensing and Regulation. The SURETY remains liable for any default under this bond committed prior to the expiration of such thirty-day period and the bond shall be maintained until the expiration of two years after the PRINCIPAL ceases to be licensed as a talent agency.
4. Any person injured or aggrieved by any violation of this law by the PRINCIPAL, or his or her agents or representatives, is entitled to bring suit on this bond.

TALENT AGENCY BOND

IN WITNESS WHEREOF, said PRINCIPAL and SURETY have executed this bond this _____ day of _____, 20____, to be effective on the _____ day of _____, 20____.

THIS SECTION IS TO BE COMPLETED BY THE PRINCIPAL: :

Principal's Signature (President's if Incorporated)

Secretary's Signature (if Incorporated)

NOTE: EACH REGISTRANT IS REQUIRED TO MAINTAIN A BOND UNTIL THE SECOND ANNIVERSARY OF THE DATE THE REGISTRANT CEASES TO OPERATE AS A TALENT AGENCY IN THIS STATE.

THIS SECTION IS TO BE COMPLETED BY THE SURETY:

THE STATE OF TEXAS, COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____

Attorney-in-Fact for the below-named Surety on the above bond, being personally known to me to be the person whose name is subscribed hereto in the capacity of Attorney-in-Fact of said Surety, and being by me duly sworn says on oath that the surety is worth in its own right, over and above all exemptions, the full amount of the bond, and based on information and belief he executed same pursuant to the attached Attorney-in-Fact affidavit as the act and deed of said corporations for the purposes and consideration therein expressed.

By: _____

Name of Bonding Company

(signature of Attorney-in-Fact)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

Commission Expires: _____

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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