

BOND NO.	
PREMIUM \$	
EXPIRATION	

Name of Surety Mailing Address
Name of Principal (Customer) Mailing Address
Service Address
Southwest Gas Corporation Mailing Address
KNOW ALL MEN BY THESE PRESENTS: The
authorized to do business in the State of as Surety, is held and firmly bound unto Southwest Gas Corporation ("Southwest"), a California corporation, in the sum o Dollars (
United States of America, for the payment whereof to said Southwest, the said Principal and said Surety bi themselves, their heirs and executors, administrators, successors and assigns, jointly and severally, firmly these presents.
WHEREAS, said Principal has entered into agreement with the said Southwest for the purchase of gas service and is posting this bond in lieu of a required cash deposit guaranteeing payment of just bills incurred und said agreement;
NOW, THEREFORE, the condition of the above obligation is such that if the said Principal shall pay or cau to be paid all bills, statements or charges for gas service supplied or to be supplied at any and all premises which such gas service has been or may be ordered or contracted for by said Principal, then Surety shall ha no obligation to make payment pursuant hereto, but otherwise Surety shall have the obligation, uncondition except as specifically provided herein, to pay Southwest for such gas service;
AND FURTHER, it is understood and agreed that Surety will pay or cause to be paid to Southwest, with sixty (60) days from receipt of a demand for payment by said Southwest, all correct statements for gas servito Principal.
It is also understood and agreed that Surety may cancel this bond by written notice served by registered may upon Southwest specifying the effective date of said cancellation, which in no event shall be earlier than (sixty (60) days after the date borne by Surety's registry receipt, or (b) the earliest date after the date borne Surety's registry receipt that Southwest can lawfully discontinue gas service to Principal for failure to establic credit under Southwest's applicable rules on file with the regulatory commission having jurisdiction in the premises, whichever date shall last occur, and the obligation of the Surety shall extend to payment for all generated to Principal to and including such date of cancellation, up to the full amount of this Surety Bond. Also, it will be incumbent upon the Surety to advise Southwest, via certified mail, within 30 days any changes to Surety's mailing address as shown herein.
In the event that Southwest shall find it necessary to employ attorneys to enforce any provision of this Sure Bond, Surety agrees to pay to Southwest, in addition to any monies to which Southwest may be entitled pursuant to judgment or settlement, (a) an amount equal to Southwest's cost of suit (if an action shall be filed (b) a reasonable attorney's fee (irrespective of whether an action shall be filed), and (c) interest at the higher legal rate from the date Southwest shall first make demand upon Surety for payment to the date payment finally made.
IN WITNESS WHEREOF, the signature of the said Principal is hereto affixed, and the corporate name, signature and seal of the said Surety is hereto affixed and attested by its duly authorized Attorney-in-fact, as required by law, at
Signature of Surety
Signature of Principal
Signature of Southwest Representative

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTACT			
AGENCY PHONE:	AGENCY F	CY FAX: E-MAIL:			
AGENCY ADDRESS:					
CURRENT OR EXPIRING QUOTE WE ARE	LOOVING TO PEAT?	,	(City)	(State)	(Zip)
		-			
NAME OF PREVIOUS SURETY COMPANY	WRITING THE BONL)?			
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DA	ΓE:	
TYPE OF COMPANY CORP LLC	DBA PARTNER				
OBLIGEE:					
OBLIGEE ADDRESS: (Street)		(City)	(State)		(7in)
SECTION II: GENERAL INFORMATION		,	(State)		(Zip)
APPLICANT'S NAME:		SPOUSE NAME			
SS#:SPO	USE SS#	HOI	ME PHONE:		
RESIDENTIAL ADDRESS:(Street)		(City)	(8: 1.)		(3:)
BUSINESS NAME:		(City)	(State)		(Zip)
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?		O YOU HAVE ANY LIE GAINST YOU?	NS, CLAIMS, OR JUDG	EMENTS	YES NO
HAS APPLICANT EVER FAILED IN BUSINES	SS? YES 🗌 NO 🗍 H	IAS APPLICANT EVER	FILED BANKRUPTCY?	,	YES NO
					,
IF YES TO ANY. I	PLEASE EXPLAIN ON A	A SEPERATE SHEET C			
·		A SEPERATE SHEET C			
SECTION III: ADDITIONAL OWNERS / PART	NERS	A SEPERATE SHEET O			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI	NERS	SPOUSE NAME	OF PAPER:		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME	OF PAPER:		(Zip)
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM	NERS	SPOUSE NAME HO!	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HON (City) LIABILITIES AS OF LIABILITIES	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HO! (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) O BANKS	\$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND	NERS USE SS# MENT OF ASSETS & I	City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) GO BANKS O OTHERS	\$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS	NERS USE SS# MENT OF ASSETS & I \$ \$ \$	CCity) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB	ME PHONE: (State) O BANKS O OTHERS	\$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI RESIDENTIAL ADDRESS:(Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$	City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$	City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES	OF PAPER: ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN	ME PHONE: (State) GO BANKS GO OTHERS ELE INCOME TAX DUE	\$ \$ \$ \$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI RESIDENTIAL ADDRESS:(Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE: (State) O BANKS O OTHERS SLE INCOME TAX DUE DLLS, ETC. NT ATE	\$ \$ \$ \$ \$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE DLLS, ETC. NT ATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI RESIDENTIAL ADDRESS:(Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE DLLS, ETC. NT ATE A CORPORATION)	\$ \$ \$ \$ \$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: RESIDENTIAL ADDRESS: STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE OTHER ASSETS	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA OTHER LIABILITIES CAPITAL STOCK (IF SURPLUS & UNDIV	OF PAPER: ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE DLLS, ETC. NT ATE A CORPORATION) IDED PROFITS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA OTHER LIABILITIES CAPITAL STOCK (IF SURPLUS & UNDIV	OF PAPER: ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE DLLS, ETC. NT ATE A CORPORATION) IDED PROFITS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: RESIDENTIAL ADDRESS: STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE OTHER ASSETS	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA OTHER LIABILITIES CAPITAL STOCK (IF SURPLUS & UNDIV	OF PAPER: ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE DLLS, ETC. NT ATE A CORPORATION) IDED PROFITS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: RESIDENTIAL ADDRESS: STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE OTHER ASSETS	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA OTHER LIABILITIES CAPITAL STOCK (IF SURPLUS & UNDIV	OF PAPER: ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE DLLS, ETC. NT ATE A CORPORATION) IDED PROFITS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	

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 Fax: (602) 674-8235

E-Mail info@integritybonds.com