

**BOND FOR PAYMENT OF FEES AND CHARGES FOR MOVEMENT OF VEHICLES OF
EXCESS SIZE OR WEIGHTS OVER ARKANSAS ROADS OR HIGHWAYS**

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____
(Name)
of _____
(Mailing Address)
doing business as _____,
Principal and _____,
(Name and Mailing Address)
(Corporate) Surety are held and firmly bound unto the State of Arkansas in the sum of:

(Minimum of \$1,000.00 – One Thousand Dollars)

WHEREAS, Act 98 of 1955, and all rules and regulations adopted thereunder
Fixes dimensions, Loads, Speed Limits, Charges and Fees of certain vehicles operating upon
Arkansas Roads and Highways.

NOW, the condition of this bond is such that if the Principal shall promptly pay unto the
State Highway Department of the State of Arkansas all fees and charges due by the Principal
as provided for in said Act and rules and regulations in connection therewith for the movement
of vehicles of excess weight or dimension over the Roads and Highways of the State of
Arkansas, then this obligation shall be null and void; otherwise, to be and remain in full force
and effect.

It is mutually understood and agreed between all parties hereto, that if the Surety shall
so elect, this bond may be cancelled by giving thirty (30) days notice in writing to the State
Highway Department, State of Arkansas, and this bond shall be deemed cancelled at the
expiration of thirty (30) days from date of receipt of such notice, the said Surety remaining
liable for all or any fees and charges covered by this bond, which may have accrued up to date
of such cancellation, under the terms, conditions, and provisions of this bond.

Executed at _____, this _____ day of
(city) (state)
_____, 20 .

By: _____
Principal

Surety

By: _____
Attorney-in-Fact

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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