

**ARKANSAS SCHOLARSHIP LOTTERY UNIFORM SURETY BOND**

All bonds must be acknowledged on Acknowledgement of Principal Form.

Type or print all information requested.

Principal Applicant Information			Surety/Security Information		
Applicant Name			Legal Name of Surety Company		
Mailing Address			Mailing Address of Surety Company		
City	County		City	County	
State	Zip	Operator #	State	Zip	
Bond Effective Date		Bond #	Bond Amount		

The applicant as PRINCIPAL and the named surety company as SURETY, duly authorized and qualified to do business as a surety company in the state of Arkansas, are held and firmly bound to the state of Arkansas in the sum of \_\_\_\_\_, payable to the Arkansas Lottery Commission, P.O. Box 3238, Little Rock, Arkansas, 72203, and for the payment of which we bind ourselves, our heirs, executor, and assigns jointly and severally.

**BOND CONDITIONS**

The Principal is operating under the Law of the state of Arkansas as a licensed lottery retailer and is required to provide security pursuant to Ark. Code Ann. § 23-115-603.

The condition of the above obligation is such, that if the Principal shall, during the period this bond remains in force, in all things comply with the Arkansas laws and regulations including all amendments thereto relating to lottery operations, collection, and remittance of the state of Arkansas share of lottery proceeds to the Principal, then this obligation shall become void; otherwise to remain in full force and effect.

The bond may be cancelled by the Surety as to future liability by giving written notice by certified mail to the Principal and to the Arkansas Lottery Commission at Little Rock, Arkansas, and sixty days after the receipt of said notice by the Arkansas Lottery Commission this bond is null and void as to any liability arising thereafter; however, the Surety remains liable for all terms and conditions of this bond for all acts or occurrences prior to the date of notice.

No cause of action shall lie against the Surety unless commenced within one year from the date the cause of action accrues against the Principal. Regardless of the number of years this bond shall continue in force and the number of premiums which shall be payable or paid, the Surety's total limit of liability shall not be cumulative from year to year or period to period and in no event shall the Surety's aggregate liability exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

In witness whereof we have set our hands and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

Principal
Surety
Resident Arkansas Agent Where Required

# 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>		<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>

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**

**E-Mail info@integritybonds.com**

**Fax: (602) 674-8235**