



STATE OF ARKANSAS
 SECURITIES DEPARTMENT
 HERITAGE WEST BUILDING, SUITE 300
 201 EAST MARKHAM STREET
 LITTLE Rock, AR 72201



TELEPHONE: 501.324.9260 FAX: 501.324.9268 INTERNET: www.securities.arkansas.gov

FMLA Form 008

SURETY BOND

Bond Number: _____

THIS SURETY BOND is given by

 Name

 Address

 City State Zip

As SURETY, and

 Name

 Address

 City State Zip

As PRINCIPAL.

SURETY must be an entity licensed to transact surety business in the State of Arkansas. SURETY ensures that the PRINCIPAL's obligations will be performed to the Arkansas Securities Department, as OBLIGEE, under the following terms and conditions:

1. Pursuant to the requirements of the Fair Mortgage Lending Act, Ark. Code Ann. §§ 23-39-501 through 23-29-518 ("Act"), the PRINCIPAL has made application to, or is currently licensed by, the OBLIGEE to conduct business in Arkansas as a: *(Check all that apply.)*

Mortgage Banker

Mortgage Broker

Mortgage Servicer

2 The PRINCIPAL and SURETY are held and firmly bound unto the OBLIGEE for the use and benefits of claimants against the PRINCIPAL in the sum of not less than \$100,000. The payment of which the PRINCIPAL and SURETY jointly and severally bind themselves, their successors, assigns, and legal representatives, to secure the faithful performance of the obligations of the PRINCIPAL for its conduct and that of its officers and employees under the Act. The appropriate amount of the surety bond shall be based on the mortgage loan activity in Arkansas of the mortgage broker, mortgage banker, or mortgage servicer during the previous year as set forth below:

(check only one)

Prior Year Activity

Surety Bond Amounts

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Less than or equal to \$5,000,000 | <input type="checkbox"/> \$100,000 |
| <input type="checkbox"/> Between \$5,000,001 & \$10,000,000 | <input type="checkbox"/> \$125,000 |
| <input type="checkbox"/> Between \$10,000,001 & \$25,000,000 | <input type="checkbox"/> \$150,000 |
| <input type="checkbox"/> Over \$25,000,000 | <input type="checkbox"/> \$200,000 |

3. If the PRINCIPAL fully complies with the provisions of the Act, and pays and discharges all amounts owed upon any judgment or order obtained in any court of competent jurisdiction by the OBLIGEE or by any person or persons who may be injured or damaged by the PRINCIPAL conducting business as a mortgage banker, mortgage broker or mortgage servicer, including judgments in suits for the misappropriation of any funds paid into or deposited with the PRINCIPAL, this bond shall be null and void; otherwise, this bond shall be and remain in full force and effect.

4. The SURETY may cancel this bond by filing a written notice of cancellation to the OBLIGEE sixty (60) days prior to cancellation. Provided, however, such notice shall not affect any liability arising prior to the effective date of cancellation of this bond and the PRINCIPAL and SURETY shall be and remain liable for a period of five (5) years from the date of any action or inaction of the PRINCIPAL that gives rise to a claim under this bond prior to its effective cancellation.

5. In no event shall the total liability of the SURETY, to all persons, cumulative or otherwise, exceed the amount specified in this bond.

WITNESS OUR HAND AND SEAL this _____ day of _____, _____.

Persons executing for SURETY, other than corporate officers, must attach Power of Attorney authorizing them to execute bonds for SURETY.

PRINCIPAL

BY: _____

TITLE: _____

SURETY

BY: _____

TITLE: _____

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

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