

COLORADO – BOND OF PRIVATE OCCUPATIONAL SCHOOLS

Bond Number: _____

KNOW ALL MEN BY THESE PRESENTS: That we _____
(name of school)

whose address is _____
(street address) (city) (state) (zip code)

as **Principal**, and _____
(name of Surety)

whose address is _____
(street address) (city) (state) (zip code)

as Surety, duly organized and doing business under and by virtue of the laws of the state of Colorado, and licensed for the purpose of making, guaranteeing, or becoming sole Surety upon bonds or undertaking required or authorized by the laws of the state of Colorado, as Surety, are held and firmly bound into the **state of Colorado** in the sum of _____ dollars (\$ _____) in lawful money of the United States of America, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly, severally and firmly by these presents.

The condition of this obligation is such that, if the above bonded Principal or its agents, by being issued a Certificate of Approval by the Division of Private Occupational Schools, Colorado Department of Higher Education, shall not cause loss of any tuition or fees or damage to any student or enrollee or parent or guardian as result of any act or practice which is a violation of any minimum standard as set forth in 12-59-106 of The Private Occupational Education Act of 1981, or any criteria established pursuant thereto, or as a result of the holder of a Certificate of Approval ceasing operation, then this obligation shall be null and void; otherwise to remain in full force and effect.

The liability of said Principal and the Surety hereon to any or all students or enrollees or parents or guardians shall not exceed the unearned portion of tuition and fees paid or liable to be paid as a result of a school ceasing operation and regardless of the number of years that this bond is in force the aggregate liability of the Surety hereon shall in no event exceed the penal sum of this bond.

This bond shall be continuous unless the surety is released as hereinafter set forth.

The Surety on this bond shall be released after such Surety serves written notice thereof to the Division of Private Occupational Schools, Colorado Department of Higher Education, at least sixty (60) days prior to such release. Said release shall not discharge or otherwise affect any claim filed by a student or enrollee or parent or guardian for loss of tuition or any fees which occurred while this bond was in effect or

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which occurred under any note or contract executed during any period of time when this bond was in effect, except when another bond is filed in a like amount and provides indemnification for any loss.

IN WITNESS WHEREOF, we have hereunto **set our hands** and seals this _____
Day of _____, A.D., 20_____.

Principal Name (School)

Signature of Officer of School

Surety Name

Signature of Attorney-in-Fact

Signature of Colorado Resident Agent
(Attach Power of Attorney)

(Corporate Seal of School)

(Corporate Seal of Surety)

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SURETY INFORMATION DATA

School Name

Surety (Bond, CD, Ltr/Credit) Number

Bonding Agent Contact Person

Company

Street Address

City

State

Zip Code

Phone Number

E-mail Address

Fax Number

SAMPLE
INTEGRITYBONDS.COM

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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

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235