	Bond#	
LOCATION TO BE LICENSED	:	
STREET:		
CITY:		
STATE:		
CONSU KNOW ALL MEN BY THES	UMER COLLECTION AGE SE PRESENTS	ENCY BOND
That we		

duly authorized to do business in the state of Connecticut, as Surety, are held and firmly bound unto the

a surety company, having its principal place of business in

County of

and Surety do jointly and severally bind themselves, their heirs, executors, administrators, successors and assigns, and each and every of them firmly by these presents.

Signed, sealed and delivered this ______ day of ______ A.D., 20____.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEREAS, the above-named Principal

Commissioner of Banking of the state of Connecticut for the use of the people of the State and the Commissioner, as obligees, in the penal sum of Five Thousand Dollars (\$5,000) for the payment of which penal sum the said Principal

State of

has made application or renewal application to the Commissioner for a license to act within the state of Connecticut as a consumer collection agency pursuant to Section 36a-801 of the Connecticut General Statutes, as may be amended, and any regulations promulgated thereunder.

NOW, THEREFORE, if the said Principal shall well and truly and faithfully account for all funds entrusted to the Principal and collected and received by the Principal in the Principal's capacity as a consumer collection agency, then this obligation shall be null and void; otherwise to remain in full force and effect subject to the following condition:

The duration of this bond shall be continuous in nature. The Surety shall have the right to cancel the bond at any time by a written notice to the Obligee, stating the date cancellation shall take effect. Such notice shall be sent by certified mail to the Obligee at least thirty (30) days prior to the date of cancellation.

Any person who may be damaged by the wrongful conversion of any creditor, consumer debtor or property tax debtor funds held by the Principal, may proceed on such bond against the Principal or Surety, or both, to recover damages subject to the following conditions:

- 1. Such person must advise the Surety, in writing, of such failure or wrongful conversion within ninety (90) days of the discovery of such occurrence; and
- 2. No suit or action to recover under this bond will commence after the expiration of one (1) year following the receipt of notice of failure or wrongful conversion by the Principal, it being understood, however, that if any limitation embodied in this bond is prohibited by any law controlling the construction hereof, such limitation shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

Notwithstanding the above, the Commissioner may proceed on such bond against the Principal or Surety, or both, to collect any civil penalty imposed upon the Principal pursuant to subsection (a) of Section 36a-50 of the Connecticut General Statutes, as may be amended.

Further, in no event shall the aggregate liability under the bond exceed the penal sum for the bond.

IN WITNESS WHEREOF, the	esaid	
	(Principal))
has hereunto set his, her, its hand and se	eal and the said	
	(Surety)	
h	as caused this instrument to be signed by	its
a	nd its corporate seal to be hereunto affixe	ed, the day and year first written.
Witness as to Principal	By:(Principal	(L S)
Witness as to Surety		
	By:(Surety)	(L S)

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTACT			
AGENCY PHONE:	AGENCY F	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			. LO NO _
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)		
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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