

Bond Number: \_\_\_\_\_

## **MORTGAGE LOAN BROKER SURETY BOND**

### **In Accordance with Section 2108(a), Title 5 of the Delaware Code**

#### **KNOW ALL MEN BY THESE PRESENTS:**

That we, \_\_\_\_\_, as Principal, and  
\_\_\_\_\_, a \_\_\_\_\_ Corporation, with  
principal office at \_\_\_\_\_,

as Surety, are held and firmly bound unto the State of Delaware, Office of the State Bank Commissioner, for the protection of that office and any person injured by a wrongful act, default, fraud or misrepresentation of a mortgage loan broker in the sum of Twenty-five Thousand and 00/100 Dollars (\$ 25,000.00), for payment of which sum, well and truly to be made, we bind ourselves, our personal representatives, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, application has been made to the Office of the State Bank Commissioner of the State of Delaware by said principal for a license to engage in business pursuant to the provisions of Chapter 21, Title 5 of the Delaware Code, and

WHEREAS, every licensee shall file with the Commissioner a surety bond in a principal sum of \$25,000.00, said bond to be issued by a surety company authorized to transact business in the State of Delaware;

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION are such that:

1. The bond shall run to the State for the benefit of the Office of the State Bank Commissioner and for the benefit of all consumers injured by any wrongful act, omission, default, fraud or misrepresentation by a licensee in the course of its activity as a licensee. Compensation under the bond for such injured consumers shall be for amounts which represent actual losses. Compensation under the bond for the Office of the State Bank Commissioner shall be for any and all amounts that may become due and owing to Delaware under and by virtue of the provisions of Chapter 21, Title 5, and other applicable provisions of Title 5, of the Delaware Code and their promulgated regulations. Compensation under the bond shall not be payable for claims made by business creditors, third party service providers, agents or other persons otherwise in the employ of the licensee. Surety claims shall be paid to the Office of the State Bank Commissioner by the insurer no later than 90 days after receipt of claim. Claims paid after 90 days shall be subject to daily interest at the legal rate. The aggregate liability of the surety on the bond, exclusive of any interest which accrues for payments made after 90 days, shall in no event exceed the amount of such bond.
2. If the licensee will faithfully comply with and abide by the provisions of Chapter 21, Title 5, and any other applicable provisions of Title 5, of the Delaware Code and all regulations promulgated pursuant thereto and will commit no wrongful act, default, fraud or misrepresentation, and perform all obligations and undertaking when engaging in the mortgage loan broker business in the State of Delaware, and will pay to the State of Delaware any and all money that may become

due or owing to Delaware under and by virtue of the provision of Chapter 21, Title 5, and any other applicable provisions of Title 5, of the Delaware Code; then this obligation will be void; otherwise it will remain in full force and effect.

3. This bond is continuous in nature. However, this bond may be cancelled by the Surety giving 30 days written notice thereof to the Principal and the Office of the State Bank Commissioner. The 30 days notice begins the date the notice is received by the Office of the State Bank Commissioner. Upon expiration of the 30 days notice, the Surety is relieved of further liability under the bond, but is not relieved of liability for losses which occurred during the time the bond was in effect.

**SIGNED AND SEALED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
Principal

By: \_\_\_\_\_

\_\_\_\_\_ If no seal, check here

**CORPORATE SEAL:**

\_\_\_\_\_  
Surety

By: \_\_\_\_\_ **SURETY COMPANY SEAL:**

Updated: 02/26/02

# 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**

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**Local (480) 626-8916**

**E-Mail [info@integritybonds.com](mailto:info@integritybonds.com)**

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