

STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION

MONEY TRANSMITTER SURETY BOND FORM

BOND No.: _____

We, _____, of _____
(Name of Applicant) (Street Address)

_____ County of _____, State of _____,

principal and _____, a corporation incorporated under the laws of
(Name of Surety Corporation)

the State of _____, and duly licensed to transact a surety business in the State of Florida,

are bound to the Financial Services Commission of the State of Florida as Head of the Office of Financial Regulation,

("Office") and the successors in the office of said Financial Services Commission, for the use and benefit of any claimant in

the State of Florida in the sum of _____ dollars (\$ _____), for which payment we

bind ourselves and our respective heirs, legal representatives, successors, and assigns, jointly and severally.

Principal is acting as a Part II Registrant pursuant to Chapter 560, Florida Statutes. Pursuant to Section 560.209, Florida Statutes, principal must provide to the Office a corporate surety bond by a bonding company or insurance company authorized to do business in Florida in such amount as may be determined by the Commission by rule, conditioned on conformance with Chapter 560, Florida Statutes.

This bond is issued subject to the following expressed conditions:

1. The principal shall file the original surety bond with the State of Florida, Office of Financial Regulation, 200 East Gaines Street, Tallahassee, Florida 32399-0376, or its successors, upon applying for registration.
2. The surety bond filed with the Office may not be cancelled by either the principal or the surety except upon written notice to the Office by registered or certified mail with return receipt requested. A cancellation shall not take effect less than thirty (30) days after receipt by the Office of such written notice. The surety shall remain liable for all or any part of obligations covered by this bond which may have accrued by default of the principal prior to the effective date of cancellation.
3. The Office, the Department of Legal Affairs, and any claimant may bring an action in a proper court on this bond resulting from the failure of the principal or its authorized vendors to faithfully perform obligations with respect to the receipt, handling, transmission, and payment of funds.
4. The surety must, within 10 days after it pays any claim to any claimant, give written notice to the Office by registered or certified mail with details sufficient to identify the claimant and the claim and the judgment paid.

THE BOND IS EFFECTIVE THIS _____ DAY OF _____, _____.

IN WITNESS WHEREOF the said principal has caused these presents to be executed by affixing hereto the signature of its duly authorized representative and its corporate seal to be affixed hereto attested by its duly authorized representative, and the said surety has caused these presents to be executed by the signature of its duly authorized representative and its corporate seal to be affixed hereto attested by its duly authorized representative this _____ day of _____, _____ and shall be deemed continuous; subject to cancellation as hereinabove provided.

Witness as to Principal (Signature)

Name of Principal (Registrant)

Witness as to Principal (type name)

Signature of duly authorized representative of Principal

Name of duly authorized representative of Principal

(SEAL)

Name of Surety

(_____) _____
Telephone Number of Surety Company

Signature of duly authorized representative of Surety

Name of duly authorized representative of Surety (type name)

NOTE: SIGNATURE OF PRINCIPAL MUST BE WITNESSED.

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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Local (480) 626-8916

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Fax: (602) 674-8235