

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

MORTGAGE BROKERAGE AND MORTGAGE LENDING ACT SURETY BOND

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS, that _____

(Name of Mortgage Lender/Correspondent Mortgage Lender)

whose place of business is in _____, _____, _____ as Principal, and
(City) (County) (State)

(Name of Insurance Company)

as Surety, are held and firmly bound unto the Financial Services Commission as head of the Office of Financial Regulation, or his successors in office, in the penal sum of Ten Thousand (\$10,000) dollars in the aggregate, lawful money of the United States of America, for payment of which well and truly to be made, we bind ourselves and each of our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents:

THE CONDITIONS OF THIS OBLIGATIONS ARE SUCH THAT the Principal, the above bounden

(Name of Mortgage Lender/Correspondent Mortgage Lender)

shall faithfully perform all duties and responsibilities under the provisions of the Mortgage Brokerage and Mortgage Lending Act, Chapter 494, Florida Statutes, and abide by all rules and regulations of the Office of Financial Regulation as promulgated by the Commission.

IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that if the Surety shall so elect, this bond may be cancelled and discontinued by giving thirty (30) days notice in writing to the Principal and the Office of Financial Regulation, 200 E. Gaines Street, Tallahassee, FL 32399-0376, or his successors in office by United States registered mail and this bond shall be deemed cancelled at the expiration of said thirty (30) days from the service of said notice, the Surety remaining 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.

IN WITNESS WHEREOF the said principal has caused these presents to be executed by affixing hereto his or her signature, and the said surety has caused presents to be executed by the signature of its attorney-in-fact and its corporate seal to be affixed hereto attested by its attorney-in-fact this ____ day of _____, _____. This bond shall become effective on the _____ day of _____, _____, and shall be deemed to be continuous; subject to cancellation as hereinabove provided.

(SEAL)
Witness as to Principal (Signature)

Principal (SEAL)
Principal (Signature)

(SEAL)
Witness as to Principal (Type Name)

Principal (Type Name)

Surety (Name of Insurance Company)

By Attorney-in-Fact (Signature)

By Attorney-in-Fact (Type Name)

NOTE: Attach to this Bond a properly certified copy of the POWER of ATTORNEY.
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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