



Suggested Format for Florida Sales and Use Tax SURETY BOND

State of Florida
County of \_\_\_\_\_

SURETY BOND

BOND NUMBER \_\_\_\_\_

\_\_\_\_\_, having a place of business in \_\_\_\_\_, \_\_\_\_\_ County, Florida, Certificate of Registration number: \_\_\_\_\_ as principal (Certificate Holder), and \_\_\_\_\_, a company authorized to conduct and carry on a general surety business in the state of Florida as surety (Surety), are bound to the Florida Department of Revenue on behalf of the state of Florida, in the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) for the payment of which the Certificate Holder and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

The Certificate Holder acknowledges that (he, she, it) offers or plans to offer services and/or products subject to tax, discretionary sales surtax, fees, or surcharges imposed by or administered by the Department or Revenue pursuant to Chapter 212, Florida Statutes, and that this bond is conditioned upon compliance by Certificate Holder with the requirements of Chapter 212, Florida Statutes.

The Certificate Holder agrees:

- 1. To timely and faithfully collect and remit applicable taxes, surtaxes, fees and surcharges in a timely manner in accordance with the requirements of Chapter 212, Florida Statutes.
2. If the Certificate Holder is more than 30 days delinquent in the payment of any applicable tax, surtax, fee, surcharge, interest or penalty the Department of Revenue may provide written notice of such delinquency to the Certificate Holder and Surety at the following addresses:

Certificate Holder

Surety

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. Upon written notification by the Department of Revenue of an existing outstanding assessment of any tax, discretionary sales surtax, fees, surcharges, penalty, or interest by the Certificate Holder, the Surety shall have 30 days to pay the Department of Revenue all outstanding assessments, and all costs and attorney's fees, including from appellate proceedings that the Department sustains in collecting on the delinquency or assessment.
4. Surety shall have the right, upon sixty (60) days written notice to the Department and the certificate holder, to cancel this bond. The bond will be cancelled sixty (60) days after the Department receives notification. Surety is liable for acts committed by the principal and covered by the terms of this bond until it is cancelled.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Surety Company: \_\_\_\_\_
Serial # of Bond \_\_\_\_\_
Company \_\_\_\_\_
Address \_\_\_\_\_

Principal: \_\_\_\_\_
by \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

As Attorney in Fact

# 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**

**Toll Free: (866) 420-2613**

**Local (480) 626-8916**

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

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