

Surety Bond

Bond No. _____

Surety Bond given by _____, Principal, at the service address: _____ and _____ as Surety, a corporation duly incorporated under the laws of the State of _____ and duly authorized and licensed to transact a surety business in the State of Florida, to Florida City Gas, as Obligee, 4180 US Highway 1, Rock Ledge, Fl. 32955
Attn: _____

Pursuant to the Agreement dated as of _____, _____, by and between Principle and Obligee (the "Agreement"), Obligee has required Principal to provide a Surety Bond in the amount of \$_____.

Principle and Surety are bound to Obligee in the sum of \$_____ (_____ Dollars) for the payment of which Principal and Surety jointly and severally bind themselves, their successors, assigns and legal representatives.

The condition of this obligation is such that if Principal shall promptly pay all amounts which may be due by Principal to Obligee under this agreement (including, but not limited to interest, service charges, penalties, etc.) then this obligation shall be void, otherwise, it shall remain in full force and effect, subject only to the following provisions of this bond.

1. This obligation shall run continuously and shall remain in full force and effect until and unless the bond is terminated and cancelled as provided herein or as otherwise provided by law. Surety may terminate this bond at any given time by giving written notice to the Principal and Obligee for such intention by certified or registered mail, return receipt requested. The liability of Surety shall cease sixty (60) days after receipt of the termination notice to Obligee and Principal except as to any liability, debt, or other obligation incurred or accrued prior to the expiration of such 60day period.

2. Obligee may seek recovery under this bond against Surety upon Principal's failure to pay all amounts owing by Principal to Obligee under the Agreement, and Obligee shall not be required to bring any legal proceedings against Principal for recovery of such unpaid amounts as a condition precedent to recovery against Surety under this bond.

3. Surety shall be deemed to consent to any extension and extensions of time granted to Principal in which to satisfy Principal's obligations to Obligee, and Surety hereby waives all notice with respect to Principal's obligations to

Obligee including notice of all amounts due and notice of any extension(s) of time for payment.

4. Regardless of the number of years this bond remains in force, the aggregate liability for the Surety for any and all claims shall in no event exceed the penal sum of the bond.

5. If any proceedings are brought to enforce the obligations agree herein, Principal and Surety, jointly and severally, agree to pay all costs of collection, including reasonable attorney's fees for Obligee's attorneys whether incurred at trial or on appeal.

6. This bond shall inure to the benefit of the Obligee and its successors and assigns. This bond shall be governed by the laws of the State of Florida. Principal and Surety consent to the jurisdiction of the venue in the federal and state courts located in _____ County, Florida

IN WITNESS WHEREOF, Principal and Surety have signed, sealed and dated this bond on this _____ day of _____, _____

ATTEST

PRINCIPAL

by: _____

ATTEST

SURETY

by _____

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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