

INDEMNITY BOND

KNOW ALL MEN by these presents:

That we, _____ of Fort Pierce, Florida, as Principal and the _____ authorized to do business in the State of Florida, as Surety, are held and firmly bound unto the Fort Pierce Utilities Authority, Fort Pierce, Florida, as Obligee, in the full and just sum of _____, lawful money of the United States of America, to the payment of which the said Principal and said Surety, their executors, administrators, heirs, successors, and assigns, are jointly and severally firmly bound by these presents.

WHEREAS, under the requirements and regulations of the Fort Pierce Utilities Authority in the operation of its utility plants in the furnishing of utility service to current subscribers, the said Fort Pierce Utilities Authority requires that all users and subscribers of electric, natural gas, water, wastewater, garbage service and rental lights, deposit in cash, or, in lieu thereof, a surety bond in the amount to be fixed by the Fort Pierce Utilities Authority and approximately equivalent to double one month's estimated bill, as a guarantee for the payment of monthly bills for utility services rendered by the Fort Pierce Utilities Authority to the Obligee herein, and WHEREAS, _____, has been required to make such deposit or furnish such bond in the amount of _____.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH THAT: if the said _____ shall well and faithfully perform this obligations herein recited and shall promptly pay all bills rendered by the Fort Pierce Utilities Authority to the Obligee for utility services as provided by this bond and the ordinances, rules and regulations of the Fort Pierce Utilities Authority, then the above bond to be null and void, otherwise to remain in full force and effect.

THIS BOND IS ISSUED AND EXECUTED SUBJECT TO THE FOLLOWING CONDITIONS:

1. That the term of this bond shall be continuous unless as stated below.
2. That the Fort Pierce Utilities Authority reserves the right to cancel this bond by giving thirty (30) days written notice to the Principal and Surety Company
3. That the Surety Company reserves the right to cancel this bond giving thirty (30) days written notice via certified mail receipt to the said Fort Pierce Utilities Authority, and upon receipt of such cancellation notice by the Fort Pierce Utilities Authority and the expiration of the said thirty (30) days, the Surety is discharged and relieved of any further liability, it being understood and agreed, however, that the said Principal and the said Surety will be liable for any loss accruing up to the effective date of this cancellation. In no event, however, in excess of the penalty of this bond.
4. That in favor of this bond, the said Principal does hereby waive all right to claim personal, or real property exemption that may be allowed under the Laws of the State of Florida, under any Federal Statutes or under the laws of any other state.

SIGNED, SEALED AND DATED THIS _____ DAY OF _____, 20__.

Principal

Surety

Countersigned this _____
day of _____, 20__

Attorney-in-Fact

**APPROVED AS TO FROM AND
CORRECTNESS BY:**

Authorized Resident Agent in Florida

FORT PIERCE UTILITIES AUTHORITY ATTORNEY

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

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235