



Commercial Surety Bond

ACCOUNT # _____

Bond _____

STATE OF FLORIDA

COUNTY OF ORANGE

KNOW ALL MEN BY THESE PRESENT, that we _____
Customer Name

of _____

Customer Service Address(s) To Be Insured

Principal (hereinafter called "Principal" and _____
Surety Company Name

of _____
Complete Mailing Address of Surety Company

As Surety, (hereinafter called "Surety"), are held and firmly bound unto ORLANDO UTILITIES COMMISSION, Orlando, Florida, in the sum of _____ **DOLLARS**, for payment of which, well truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents; and

WHEREAS, the Principal has entered into an Electric and/or Water Service Contract, which also covers all other charges that the Orlando Utilities Commission, Commercial Services at P.O. Box 3193, Orlando, Florida 32802 is authorized to collect on or as of the effective date of this bond.

NOW, THEREFORE, in consideration of the premises, if the above named Principal shall promptly pay to ORLANDO UTILITIES COMMISSION, Orlando, Florida, all bills for electricity and/or water, and/or sanitation charges, sewer charges and taxes, if any, on any of these services, or for any appliances used in connection with same, or for any material of any kind purchased from or services rendered by said Commission, together with all penalties and interest thereon, and shall pay all costs of collection of such charges and of enforcement of performance of such contract, including a reasonable attorney's fee if placed in the hands of an attorney in case of default thereunder, and shall generally faithfully comply with the provisions of said contract, then this obligation shall 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 indefinite.
2. That the Surety company reserves the right to cancel this Bond by giving sixty days (60) days written notice via certified return mail to the said Principal and ORLANDO UTILITIES COMMISSION, Commercial Services, P.O. Box 3193, Orlando, Florida 32802.
3. _____ Principal, and ORLANDO UTILITIES COMMISSION, Commercial Services, P.O. Box 3193, Orlando, Florida 32802, is aware that upon receipt of such cancellation notice the Surety is discharged and relieved of any liability accruing hereunder, it being understood and agreed, however, that the said Principal and Surety will be liable for all utility bills and together with all other charges accruing up to the effective date of said cancellation notice, including costs of collection of any amounts due under said contract and of enforcement of performance thereof, as herein described, in no event, however in excess of the penalty of this Bond. The said _____, Principal continues to be responsible for all liabilities including costs of collection.

SIGNED, SEALED AND DATED this the _____ day of _____, _____

Surety

Principal

Attorney-In-Fact

Corporate Officer's Signature

Attest: _____

Florida Resident Agent & Lic. #

Attest: _____

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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