



**GEORGIA STATE BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS  
BOND**

**BOND NUMBER:** \_\_\_\_\_ **COUNTY** \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS**

That we, \_\_\_\_\_, as Principal, and

\_\_\_\_\_ as surety, are held and firmly bound unto **HIS EXCELLENCY**, Governor of Georgia, and his successors in office in the just sum of **TWENTY-FIVE THOUSAND AND NO/100 (\$25,000) DOLLARS**, for the use and benefit of any purchasers of any structure built and their vendees or successors in title, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and assigns, each and every one of them, jointly and severally, by these presents.

It is further understood and agreed that this bond is for a period beginning on the \_\_\_\_\_ day of \_\_\_\_\_, and ending on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Whereas, the above bound \_\_\_\_\_, Principal and Contractor, has made application to the Georgia State Board for Residential and General Contractors for a license as a \_\_\_\_\_ contractor in accordance with the laws governing the residential and general contractors of the State of Georgia:

**NOW THEREFORE**, the conditions of this obligation are such that if the above bound Principal shall comply with the conditions of any written contract or written warranty by such contractor or his agent, made in connection with the sale or exchange of any structure built and shall pay all loss, damages, and expenses that may be sustained by any purchasers of any construction product and their vendees or successors in title by reason of any fraudulent misrepresentation as to liens against or titles to structure built then the bond is to be void, otherwise it is to remain of full force and effect.

It is agreed that this bond is executed pursuant to and in accordance with the provisions of O.C.G.A. Section 43-41-1, et seq. Governing the licensure of residential and general contractors in Georgia, and is intended to be and shall be construed to be a bond in compliance with the requirements thereof.

**IN WITNESS WHEREOF**, the Principal and Surety have caused these presents to be duly signed and executed under seal, this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Licensee (Principal)

\_\_\_\_\_  
Surety – Name of Company

Countersigned:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Resident Agency

\_\_\_\_\_  
By Attorney-in-Fact

**IMPORTANT: BOND MUST BE SIGNED – POWER OF ATTORNEY MUST BE ATTACHED**

**CANCELLATION CLAUSE** – No licensee shall cancel, or cause to be cancelled, a bond issued unless the Board is informed in writing by a certified letter at least 30 days prior to the proposed cancellation.”

# 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**

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