| STATE OF | | |
|------------------------|---------------------------------------|--|
| COUNTY OF | | <u> </u> |
| | SECURITY DEPOSIT | SURETY BOND |
| Sure | y bond given by | |
| as principal of | | , City of, State of, as surety, a |
| **** | , County of | , State of, |
| and | | as surety, a |
| corporation duly inc | orporated under the laws of | the State of |
| | | the State of |
| | · · · · · · · · · · · · · · · · · · · | orporation, of P.O. Box 9, Young Harris, |
| Georgia 30582, as o | | |
| | RECITAL | s |
| 1. | Principal and surety are bo | ound to obligee in the sum of Dollars |
| (\$), for | the payment of which princi | ipal and surery jointly and severally bind |
| themselves, their suc | cessors, assigns, and legal re | epresentatives |
| 2. | | we entered into a contract for electric. |
| service, herein called | | was executed on |
| | | of Towns, State of Georgia, pursuant to |
| | | obligee, for obligee to provide electric |
| service to the princip | al, both parties agreeing that | t said service shall be in accordance with |
| the terms of the app | leation, any written contract | t, and the Articles of Incorporation, by- |
| | | sts, or may hereafter be amended. |

SECTION ONE DURATION

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.

SECTION TWO LIMITATION

This bond covers the contract for electric service to be received by principal from obliges.

SECTION THREE CONDITION OF OBLIGATION

If principal fully performs its obligation under the terms and provisions of its agreement to pay for electric service provided principal by obligee, this obligation shall be void; otherwise the obligation shall remain in full force and effect, subject only to the following provisions of this bond.

SECTION FOUR NOTICE

| NO HAD | ning shall attach to surety hereunder unless u | pon discovery o | f any |
|----------------------|---|------------------|-------------|
| fact or circumstance | indicating a possible claim hereunder, imm | ediate written r | otice |
| | details then known is given to surery at its prin | | |
| | , City of | | • |
| County of | State of | | - |
| | | | |

SECTION FIVE TERMINATION

= Swaty=way=4cominate=its=obligation=hersunde=only-with=the written=
consent_of_abligation as long as principal-to receiving electric service from obliges, an such

destribution, if consented to, simil mor affect this agreement in respect to any obligation which may have atisen prior to the termination of this surety-band.

This bond may be cancelled by the Surety as to future liability upon giving thirty (30) days written notice to Obligee

SECTION SIX

EXTENT OF LIABILITY

The maximum amount of the liability of surety by virtue of this obligation shall be no more than ______Dollars (\$_____), together with the interest due thereon and other charges imposed pursuant to the policies. of obligee.

SECTION SEVEN

VENUE OF ACTION ON BOND

If any action or proceeding is initiated in connection with this bond and any and all obligations arising hereunder, the venue thereof shall be the County of Towns, State of Georgia.

SECTION EIGHT

MODIFICATION OF ORIGINAL CONTRACT

Any deviation from additions to, or modifications in the obligations of the original comract may be made without the consent or knowledge of surety and without in any way releasing surety from liability under this bond.

SECTION NINE

SEVERABILITY

If any one or more of the provisions of this bond are determined to be illegal or unanforceable by a court of competent jurisdiction all other provisions shall remain effective.

SECTION TEN

BINDING EFFECT OF AGREEMENT

This bond shall be binding on surety and its successors, assigns, and legal representatives. In witness whereof, principal and surety have executed this bond at _ on the _____ day of _ Principal ATTEST: (Principal) Secretary (SEAL) By: Title (Witness as to Principal) (Address) (Surety) ATTEST: Witness to Surety Attorney-in-Fact (Address) (Address)

(Attach hereto copy of power of attorney form of attorney-in-fact)

INTEGRITY SURETY BOND APPLICATION

| | | AGENCY CONTACT | | | |
|---|--|--|--|--|----------|
| AGENCY PHONE: | AGENCY F | FAX: | E-MAIL: | | |
| AGENCY ADDRESS: | | | | | |
| CURRENT OR EXPIRING QUOTE WE ARE | LOOVING TO PEAT? | , | (City) | (State) | (Zip) |
| | | - | | | |
| NAME OF PREVIOUS SURETY COMPANY | WRITING THE BONL |)? | | | |
| SECTION I: BOND APPLIED FOR: TYPE OF BOND: | | EFF.DATE: | EXP.DA | ΓE: | |
| TYPE OF COMPANY CORP LLC | DBA PARTNER | | | | |
| OBLIGEE: | | | | | |
| OBLIGEE ADDRESS: (Street) | | (City) | (State) | | (7in) |
| SECTION II: GENERAL INFORMATION | | , | (State) | | (Zip) |
| APPLICANT'S NAME: | | SPOUSE NAME | | | |
| SS#:SPO | USE SS# | HOI | ME PHONE: | | |
| RESIDENTIAL ADDRESS:(Street) | | (City) | (8: 1.) | | (3:) |
| BUSINESS NAME: | | (City) | (State) | | (Zip) |
| 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? | | O YOU HAVE ANY LIE GAINST YOU? | NS, CLAIMS, OR JUDG | EMENTS | YES NO |
| HAS APPLICANT EVER FAILED IN BUSINES | SS? YES 🗌 NO 🗍 H | IAS APPLICANT EVER | FILED BANKRUPTCY? | , | YES NO |
| | | | | | , |
| IF YES TO ANY. I | PLEASE EXPLAIN ON A | A SEPERATE SHEET C | | | |
| · | | A SEPERATE SHEET C | | | |
| SECTION III: ADDITIONAL OWNERS / PART | NERS | A SEPERATE SHEET O | | | |
| SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: | NERS | SPOUSE NAME | | | |
| SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI | NERS | SPOUSE NAME | OF PAPER: | | |
| SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: | NERS | SPOUSE NAME | OF PAPER: | | (Zip) |
| SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM | NERS | SPOUSE NAME HO! | ME PHONE: (State) | | |
| SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS | NERS USE SS# MENT OF ASSETS & I | SPOUSE NAME HON (City) LIABILITIES AS OF LIABILITIES | ME PHONE: (State) | | |
| SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK | NERS USE SS# MENT OF ASSETS & I | SPOUSE NAME HO! (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T | ME PHONE: (State) O BANKS | \$ | |
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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.

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E-Mail info@integritybonds.com