

BOND FORM COLLECTION AGENCY

Professional & Vocational Licensing Division
DEPT. OF COMMERCE & CONSUMER AFFAIRS
335 Merchant St., Room 301, P.O. Box 3469
HONOLULU, HAWAII 96801

INSTRUCTIONS FOR FILING

1. Complete all sections of form as required.
2. Both applicant and surety must complete and notarize form
3. Failure to submit a completed form will delay processing of your license.
4. Attach Power of Attorney if applicable.

Access this form via website at:

Bond No _____
Main - \$25,000
Branch - 15,000

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____
(Name of Principal)
of _____, State of Hawaii, as Principal, and
(Hawaii Business Address)
_____ as Surety, and authorized by
(Name of Surety)
the Insurance Commissioner, State of Hawaii, to transact the business of surety insurance, are held and firmly bound
unto the State of Hawaii, in the full and just sum of _____ (\$ _____)
in lawful money of the United States of America, and hereby bind ourselves jointly and severally, and our heirs,
executors, administrators, successors and assigns, firmly by these presents.

THAT WHEREAS, the said bounden Principal shall act or assume to act or advertise as a collection agency under the provisions of Chapter 443B, HRS, and rules promulgated pursuant thereto.

THAT WHEREAS, the said bounden Principal shall faithfully, promptly and truly account and pay within thirty days after the calendar month, to its clients the net proceeds due on all collections made during the calendar month.

THAT WHEREAS, the said bounden Principal shall comply with all requirements of Chapter 443B, HRS, and any other statute now in force or hereafter enacted with respect to the duties, conduct, obligations, and liabilities of collection agencies.

NOW, THEREFORE, if the said bounden Principal, including its principal collector, employees, directors, officers, agents, volunteers and independent contractors shall faithfully and truly comply with Chapter 443B, HRS, and rules promulgated pursuant thereto, and all of the conditions previously stated in this bond, then this obligation shall be void; otherwise, this obligation shall be and remain in full force and effect.

AND, in addition to any other remedy, the Director of Commerce and Consumer Affairs or any person claiming to have sustained any damage by reason of any breach of the conditions of this bond may bring action on the bond against the Surety for the recovery of any damages sustained therefrom. Any person who has a right of action to recover under this bond is entitled to receive a reasonable attorney's fee, to be allowed by the court, incurred to procure the recovery under this bond; provided, however, that the aggregate liability of the Surety shall in no event, exceed the amount of this bond.

AND, this bond shall be continuous in form and remain in full force and effect unless terminated or cancelled by the Surety. Termination or cancellation shall not be effective, unless written notice thereof is delivered by the Surety to the Principal and the Director of Commerce and Consumer Affairs at least sixty days prior to the date of termination or cancellation of this bond. The Surety, however, in any event, may be held liable under this bond for the statutory limitation period of six (6) years as provided for in Section 657-1(1), Hawaii Revised Statutes.

AND, this bond may not be changed or amended without the prior written consent of the Director of Commerce and Consumer Affairs.

IN WITNESS WHEREOF, we, the said Principal and the said Surety have hereunto set our hands and seals this _____ day of _____, A.D. 20 _____.

NOTARIZED SIGNATURES ON BACK

CA-02 0709R

Name of Applicant _____

Subscribed and sworn to before me
this _____ day of _____, 20 _____

Notary Public, State of _____
My commission expires: _____

Principal: _____

By: _____

Its _____

Subscribed and sworn to before me
this _____ day of _____, 20 _____

Notary Public, State of _____
My commission expires: _____

Surety: _____

By: _____

Its _____

SAMPLE
INTEGRITYBONDS.COM

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