

BOND FORM – CONTRACTORS LICENSE

Contractors License Board
Department of Commerce and Consumer Affairs
PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801
www.hawaii.gov/dcca/areas/pvl

INSTRUCTIONS FOR FILING:

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

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WE _____,
(Name of Sole Proprietor or Entity)

of _____, State of Hawaii, as Principal, and
(Hawaii Address)

_____ registered and authorized to do
(Name of Surety)

business in the State of Hawaii, as Surety, are held and firmly bound unto the State of Hawaii, as Obligee, in the penal sum of _____ Dollars (_____) lawful money of the United States of America, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT:

WHEREAS, the above bounden principal has been granted a license under the provisions of Chapter 444, Hawaii Revised Statutes, to conduct and engage in the business of construction contracting in the State of Hawaii.

NOW, THEREFORE, if the said Principal shall fully and faithfully comply with all of the provisions of said Chapter 444, Hawaii Revised Statutes, and with such valid rules and regulations as may be promulgated by the Contractors License Board pursuant to the provisions of Chapter 444, Hawaii Revised Statutes, and shall faithfully, promptly and truly account and pay all wages, as defined in Section 104-1(6), Hawaii Revised Statutes, to the employees of said Principal that may be properly due them, and shall honestly conduct the business of said Principal and not be guilty of any wrongful act in the course of the business of said Principal then this obligation shall be void; otherwise, this obligation shall be and remain in full force and effect.

AND, as provided in Section 444-16.5, Hawaii Revised Statutes, the State of Hawaii, or any person who has been or claims to have been injured by the breach of the above-mentioned conditions shall have a right of action to recover on this bond in his own name, provided that any claim for wages shall have priority over all other claims, but the aggregate liability of the Surety to all such persons shall in no event exceed the amount of this bond.

AND, this bond shall remain in full force and effect and shall be continuous in nature, and the Surety may cancel or terminate this bond by giving (30) days written notice to the Obligee.

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

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

Principal: _____

By: _____

Notary Public, State of _____
My commission expires: _____

Its _____

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

Surety: _____

By: _____

Notary Public, State of _____
My commission expires: _____

Its _____

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

E-Mail info@integritybonds.com

Fax: (602) 674-8235