

BOND - MORTGAGE BROKER LICENSE

Mortgage Brokers and Solicitors Program
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 form.
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, _____ of
(Name of Applicant)

_____, **State of Hawaii**, as Principal,
(Hawaii Address of Applicant)

and _____, registered and authorized to do business in
(Name of Surety)

the State of Hawaii, as Surety, are held and firmly bound unto the State of Hawaii, for the benefit of any person or persons who may have a cause of action against the Principal under the provisions of Section 454, Hawaii Revised Statutes, in the sum of **FIFTEEN THOUSAND DOLLARS (\$15,000.00)** in lawful money of the United States of America, for the payment of which, well and truly to be made, we hereby bind ourselves jointly and severally, and our joint and several heirs, executors, administrators, successors and assigns, firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION ARE AS FOLLOWS:

THAT, WHEREAS, the above bounden Principal has been granted a license under the provisions of Chapter 454, Hawaii Revised Statutes, and all rules and regulations lawfully made by the Director of Commerce and Consumer Affairs with respect thereto and will pay to the State of Hawaii for the benefit of any person injured by the wrongful act, default, fraud or misrepresentation of said Principal or his solicitors, then this obligation shall be void, otherwise, this obligation shall be and remain in full force and effect; provided, however, that the aggregate liability of the Surety 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 **sixty (60) days** notice in writing to the Director of Commerce and Consumer Affairs and shall thereafter be relieved of any liability of any breach of condition occurring after the effective date of cancellation.

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

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

Notary Public, State of _____
My commission expires: _____

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

Notary Public, State of _____
My commission expires: _____

Principal: _____

By: _____

Its _____

Surety: _____

By: _____

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

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235