

Bond No. _____

Effective Date: _____

Expiration Date: CONTINUOUS

STATE OF HAWAII

BOND

PRIVATE TRADE, VOCATIONAL OR TECHNICAL SCHOOL

KNOW ALL MEN BY THESE PRESENTS:

_____ THAT WE, _____ of the County of _____, State of Hawaii, as Principal, and _____, as Surety, are held and firmly bound unto the State of Hawaii, in the full and just sum of _____ (\$ _____) lawful money of the United State of America, for the just and full payment of which we hereby jointly and severally bind ourselves, and our respective heirs, executors and administrators, and successors.

THE CONDITION OF THIS OBLIGATION IS SUCH, that

WHEREAS, the Principal desires to obtain, or to renew, a license of licenses to operate a private trade, vocational or technical school under and pursuant to Sections 302A-101, 302A-424 to 302A-428, Hawaii Revised Statutes, and to the provisions of Chapter 101, Title 8, Hawaii Administrative Rules, appertaining thereto:

NOW, THEREFORE, if such license of licenses shall be issued and if the above bounden Principal shall fully and faithfully comply with the provisions of the statute herein above mentioned and the Rules and Regulations of the Department of Education, then this obligation shall be void, otherwise, it shall be and remain in full force and effect;

AND every person suffering loss or damage because of failure of the Principal to fully and faithfully comply with said statute or said Rules or because of failure of the Principal to fully and faithfully provide instruction and training as represented by said Principal or required by said statute or Rules, may sue the Surety for the recover of any loss or damage and for the proportionate recovery of tuition, fees and other charges paid in advance as provided in said statute or Rules.

IT IS HEREBY stipulated and agreed that suit on this bond may be brought before a court of competent jurisdiction without a jury.

AND, this bond shall remain in full force and effect and shall run concurrently with the respective license period or periods and for any renewals thereof, unless terminated, canceled, or not renewed by the Surety. Such termination, cancellation, or non-renewal shall not be effective, however, unless written notice thereof is delivered by the Surety to the:

Department of Education
Community Education Center
634 Pensacola Street, Room 222
Honolulu, Hawaii 96814

at least thirty (30) days prior to the date of termination, cancellation, or non-renewal.

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

Principal

Surety

Subscribed and sworn to before me

On this _____ day of _____, _____

Notary Public, _____

NOTARY

SEAL

Judicial Circuit, State of Hawaii

My commission expires: _____

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