

<p>IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 425/1 et. seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.</p>	<p>DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION</p> <p>BOND COLLECTION AGENCY</p>	<p>SUPPORTING DOCUMENT</p> <p>BD-COL</p>
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<p>FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER</p>	<p>ILLINOIS COLLECTION AGENCY REGISTRATION NUMBER (If applicable)</p> <p>017-</p>	<p>BOND NUMBER</p>	<p>TYPE OF TRANSACTION</p> <p><input type="checkbox"/> NEW APPLICATION</p> <p><input type="checkbox"/> RENEW LICENSE</p>
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KNOW ALL PERSONS BY THESE PRESENTS, that _____ (Collection Agency)

_____ (Office Address)

of _____ County, Illinois, as principal, and _____ Name of Ins. Co. (must be authorized to transact fidelity and surety business in the State of Illinois)

_____ (Address)

as surety, are held and firmly bound unto the People of the State of Illinois, for the use of the State and of any creditor or creditors who obtain a judgment from a Court of competent jurisdiction based on the failure of the principal of this instrument to remit money collected on account and owed to the creditor, under the provisions of the Collection Agency Act (hereinafter referred to as Act), limited to the total aggregate amount of TWENTY-FIVE THOUSAND DOLLARS (\$25,000) for the payment of which will and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these present.

The condition of the above obligation is such that whereas the above bonded collection agency has applied for a license renewal of license to transact the business of collecting debts as is provided by law under the Act. This bond is continuous and shall remain in full force and effect until the license is terminated or not renewed by the Department of Financial and Professional Regulation, or until the bond is canceled by the Surety as provided below.

Now, if the Principal shall, upon the issuance of the license, conform to and abide by the provisions of the Act, including those rules, regulations and directions lawfully made by the Department of Financial and Professional Regulation, Division of Professional Regulation regarding the remittance of funds and will pay to the State and to any person or persons any and all moneys that may become due and owing to the State and to such person or persons from said obligors, under the provisions of the Act, then this obligation shall become void and the bond will not be used to settle the obligation; otherwise the bond will remain in full force and effect.

Moreover, the Surety shall have the right to cancel this bond and be released from all further liability hereunder at any time after a written notice stating when the cancellation shall take effect and served on or sent by certified mail return receipt requested to the Director of the Division of Professional Regulation, 320 West Washington Street, Springfield, Illinois 62786 at least 60 days prior to the date the cancellation shall take effect.

IN WITNESS WHEREOF, the said Principal and the said Surety have hereunto set their hands and seals at

_____, on this _____ day of _____, _____.

Surety's Agent

Corporation
Seal

Street Address

City, State, ZIP Code

Principal

Telephone Number

Attorney-in-Fact

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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