

<p><b>IMPORTANT NOTICE:</b> 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><b>BOND COLLECTION AGENCY</b></p>	<p>SUPPORTING DOCUMENT</p> <p><b>BD-COL</b></p>
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FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER	ILLINOIS COLLECTION AGENCY REGISTRATION NUMBER (If applicable) <b>017-</b>	BOND NUMBER	TYPE OF TRANSACTION <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEW LICENSE
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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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>		<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>

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](mailto:info@integritybonds.com)**

**Fax: (602) 674-8235**