

STATE OF INDIANA  
DEPARTMENT OF FINANCIAL INSTITUTIONS

LICENSEE BOND

Transmitters of Money Act

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That, \_\_\_\_\_  
(Corporate or Company Name)

\_\_\_\_\_  
(Street Address) (City/State)

and, \_\_\_\_\_ as surety,

are held and firmly bound unto the Director of the Department of Financial Institutions, for the use of the State or any person or persons who may have a cause of action against the obligors of this instrument, under the provisions of the Act hereinafter described, in the penal sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, administrators, Successors and assigns, Jointly and severally, firmly by these presents.

Witness our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D.

The condition of the above obligation is such that the above \_\_\_\_\_  
(Corporate or Company Name)

has applied for a license for the term ending December 31, \_\_\_\_\_ to transact the business of selling or issuing payment instruments, transmitting money, or exchanging, for compensation, payment instruments or money of the United States government or a foreign government to or from money of another government, in accordance with the provisions of the Transmitters of Money Act.

Now, if the said \_\_\_\_\_  
(Corporate or Company Name)

shall, upon issuance of said license as aforesaid, faithfully conform to and abide by each and every provision of said Act and of all rules, regulations and directions lawfully made by the Director of Financial institutions thereunder, and will pay to the State and to any person or persons any and all moneys that may be come due and owing to the State and to such person or persons from said obligors, under and by virtue of the provisions of said Act, then this obligation to be void; otherwise to remain in full force and effect.

This bond shall be effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and shall remain in full force and effect for any renewals thereof, provided, however, that the penalty of said bond shall not be cumulative from year to year, and the total liability of the Surety herein shall not exceed the sum of the bond, regardless of the number of license periods for which said bond is in force.

This bond may be canceled by the Surety upon the Surety serving written notice upon the obligee of its desire to cancel, and the cancellation date shall be thirty (30) days from the date said notice of cancellation is received.

Bond forms change; this is for educational purposes only.

(Seal)

\_\_\_\_\_  
(Corporate or Company Name)

By \_\_\_\_\_

(President, Owner or Partner)

(Seal)

\_\_\_\_\_  
(Name of Surety)

By \_\_\_\_\_

Michael D. Lapre, 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>TOTAL LIABILITIES</b>         | \$ |
|                              |                                     | <b>NET WORTH</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**

**E-Mail [info@integritybonds.com](mailto:info@integritybonds.com)**

**Toll Free: (866) 420-2613**

**Local (480) 626-8916**

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