



# INDIANA VEHICLE MERCHANDISING CERTIFICATE / BOND

State Form 53966 (R2 / 2-11)

Pursuant to IC 9-23-2-2

**CHARLES P. WHITE**  
**SECRETARY OF STATE**  
**DEALER DIVISION**

302 W. Washington Street, Room E018  
Indianapolis, Indiana 46204-2700  
Telephone: (317) 234-7190  
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www.sos.in.gov

Dealer number	Date (month, day, year)	Certificate / Bond number
Name of licensee as Principal	Address of licensee as Principal (number and street, city, state, and ZIP code)	
Name of surety	Address of surety (number and street, city, state, and ZIP code)	

This Certificate / Bond is applicable to the following type of License (please check the appropriate box):

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Automobile Auctioneer | <input type="checkbox"/> Manufacturer             | <input type="checkbox"/> Converter Manufacturer     | <input type="checkbox"/> Transfer Dealer      |
| <input type="checkbox"/> Dealer                | <input type="checkbox"/> Wholesale Dealer         | <input type="checkbox"/> Distributor Representative | <input type="checkbox"/> Auto Mobility Dealer |
| <input type="checkbox"/> Distributor           | <input type="checkbox"/> Research and Development | <input type="checkbox"/> Factory Representative     |   |

**CONSIDERATION:** In consideration of the answers in the Application attached to and made a part of this Bond, and the payment of the premium, this **INDIANA VEHICLE MERCHANDISING CERTIFICATE / BOND** is issued to the Applicant whose Dealer number appears above to be effective as state below and on the application.

**MAXIMUM AMOUNT:** The maximum amount of the Certificate / Bond is in of the amount of **Twenty Five Thousand Dollars (\$25,000.00)** in the aggregate, which is sufficient to comply with the requirements of IC 9-23-2-2 (a)(4)(e). Any Bond payment shall be in favor of the State of Indiana for the purpose of securing payment of fines, penalties, cost and fees assessed by the Secretary of State relative to violation of Sections IC 9-23-2-2 (a)(4)(e) & (f) after notice, opportunity for a hearing, and opportunity for a judicial review, in addition to securing the payment of damages to a person aggrieved by a violation of such Sections by the licensee after a judgment is issued in favor of the aggrieved person.

**NOTICE OF CLAIM:** Coverage for claims made under this Certificate / Bond is only effective under the following conditions:

- Violations of Sections IC 9-23-2-2 (a)(4)(e) & (f) must originate while the Bond is in full force and effect, and must be conveyed by the aggrieved party to the Secretary of State's office in writing within a reasonable time following the violation but in no event more than the later of;
  - while the Bond is in full force and effect or,
  - one hundred twenty (120) days following cancellation or non-renewal of the Bond, and
- The Secretary of State's office must furnish written notice of such violations to the Surety Company or its administrator no later than thirty (30) days after a judgment has been issued. Such filing must identify the Bond Holder and contain the court documents describing the offense and the judgment.

**CANCELLATION:** This Certificate / Bond may be cancelled at any time by thirty (30) days written notice to the Bond Holder and notice to the Secretary of State's office. Cancellation of this Bond is also effective immediately upon termination or suspension of the Bond Holder's Dealer License.

The Surety reserves the right to modify the terms of this Certificate / Bond at any time in which case any modification will be conveyed in writing to the Bond Holder.

This **INDIANA VEHICLE MERCHANDISING CERTIFICATE / BOND** number \_\_\_\_\_ is hereby executed on this \_\_\_\_\_ day of \_\_\_\_\_, to be effective as of the Effective Date written upon the Application.  
(day) (month) (year)

Name of Surety	Name of Principal
Name of authorized agent	Title of Principal
Signature of Surety	Signature of Principal
Telephone number of Surety ( )	Telephone number of Principal ( )
E-mail address of Surety	E-mail address of Principal

# 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**

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