

INDEMNITY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT, \_\_\_\_\_  
\_\_\_\_\_, as Principal, and \_\_\_\_\_, as  
Surety, a corporation duly licensed to do business in the State of Kansas, are held and firmly  
bound unto a Collective Bargaining Agreement between the Kansas Chapter of the National  
Electrical Contractors Association and L I Union 661 of the International Brotherhood of  
Electrical Workers. as Oblige, in the penal sum of \_\_\_\_\_  
lawful money of the United States of America, to be paid to said Oblige or its agents or  
assigns, executors, administrators, successors, and asp<sup>n</sup>, jointly and severally, firmly by  
these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that if the said Principal shag well and  
faithfully make the payments required in all Collective Bargaining Agreements involving the  
Obligees for the National Electrical Benefit Fund, the IBEW-NECA Southwestern Health and  
Benefit Fund, the IBEW #661 Retirement Plan, the Electrical Joint Apprenticeship and Training  
Trust Fund, the National Labor-Management Cooperation Fund, the Administrative  
Maintenance Fund and Working Dues Deductions, then this Obligation shall be null and void;  
otherwise the some shall remain in full force and effect.

IT IS EXPRESSLY UNDERSTOOD AND AGREED, that the Principal and Surety shall become  
obligated for payment to the National Electrical Benefit Fund, the IBEW-NECA Southwestern  
Health and Benefit Fund, the IBEW #661 Retirement Plan, the Electrical Joint Apprenticeship  
and Training Trust Fund, the National Labor-Management Cooperation Fund, the  
Administrative Maintenance Fund and Working Dues Deductions as they become due and  
payable.

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED, that the liability of the Principal  
and Surety in this connection shag be limited to unpaid payments to the National Electrical  
Benifit Fund, the IBEW-NECA Southwestern Health and Benefit Fund, the IBEW #661  
Retirement Plan, the Electrical Joint Apprenticeship and Training Trust Fund, the National  
Labor-Management Cooperation Fund, the Administrative Maintenance Fund and Working  
Dues Deductions, incurred within sixty (60) days immediately prior to the last date of  
employment of such employee(s). In no case shall aggregate liability of the Principal and  
Surety exceed the sum of \_\_\_\_\_

This bond may be cancelled by the Surety Giving to the Principal and Oblige written notice by  
registered mail of its intention to do so, which cancellation shall be effective thirty (30) days  
after receipt of notice unless proceedings under this obligation have been of are commenced  
prior to the expiration of this time.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

\_\_\_\_\_  
By:

\_\_\_\_\_  
By: VALERIE ABER, 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**