

ELECTRIC UTILITY SERVICE GUARANTY BOND

AMOUNT \$ _____

Utility Acct. No. _____

SERVICE NAME _____

KNOW ALL MEN BY THESE PRESENTS, that _____,
hereinafter called Principal, and _____
hereinafter called Surety, are held and firmly bound unto Westar Energy, Inc., hereinafter called
Obligee, in the aggregate sum of \$ _____ for the payment of which sum
well and truly to be made, we the Principal and Surety bind ourselves, our heirs, executors,
administrators, successors, assigns and Trustees jointly and severally by these presents.

WHEREAS, the Principal has requested and the Obligee has agreed to furnish electric utility
service to the Principal as owner or occupant of the premises located at _____
Pursuant to the applicable rates, rules and regulations for such service; and

WHEREAS, the Obligee is willing to accept this Bond in lieu of securing a cash deposit to be
made by the Principal to secure payment for the service to be furnished at such premises, or at any and all
additional locations where Principal may receive utility service from Obligee.

NOW THEREFORE, if the Principal shall pay the full amount of all sums that become due the
Obligee, then this obligation shall be void; otherwise to be and to remain in full force and effect.

PROVIDED, HOWEVER, that the Surety herein may, if it so elects, terminate its obligation
under this Bond by first serving thirty (30) days written notice or its intention so to do upon the Obligee at
is office located at: P.O. Box 208, Wichita, KS 67201-0208, but the Surety shall nevertheless remain
liable after the termination date for any and all indebtedness of the Principal to the Obligee accrued prior
to the proposed termination date that Principal fails to pay when payment becomes due. Surety's liability
shall not exceed the penal sum of the bond.

SIGNED, SEALED AND DELIVERED this _____ day of _____, _____.

Bond Number _____

Local Agent for Surety

Principal

By: _____

Street Address

City, State, ZIP Code

Surety

Telephone (Area Code) (Telephone Number)

By: _____

Attorney-in-fact

Bond forms change; this is for educational purposes only.

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

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235