

Bond Number _____

BE IT KNOWN TO ALL BY THESE PRESENTS, that we, the Principal and Surety listed below, as agreed to by their duly authorized representatives, do provide the identifying data and bind ourselves as follows:

PRINCIPAL _____
Name of Legal Entity—individual, partnership, or corporation

Mark one: Individual Partnership Corporation Other _____

If a corporation, indicate the state of domicile _____ Parish/County _____

Trade name of business _____

Mailing address of business _____
Number, Street, City, ZIP

Name/Nature of contract _____

Location of contract _____
City, State

SURETY _____
Name of Surety

_____ Home office address of Surety—including Street, P.O. Box, City, and ZIP

It is agreed to by Surety that it is held and bound in solido with the Principal, to the Secretary of the Department of Revenue for the State of Louisiana, or his successors in office, in the amount of _____ dollars (\$ _____) for the payment of which, will be made to the Department of Revenue. We, the Principal and Surety, do now agree to bind ourselves jointly and severally with the Department of Revenue to this contract. This bond shall be effective on and after _____
Month, Day, Year

The condition of the foregoing obligation is such that:

WHEREAS, the said Principal is a contractor or subcontractor performing work on or subcontracting a construction project or projects in this state, and,

WHEREAS, as a result of said Principal's business operation in the State of Louisiana, the Principal will become liable for taxes levied by the State of Louisiana and its political subdivisions.

NOW, THEREFORE, if the said Principal shall pay all taxes, penalties, and costs levied by, accrued or accruing under the laws and ordinances of this state and its political subdivisions, as amended; and shall fully, completely, and faithfully perform all of the conditions and requirements of the laws and ordinances, as amended; and shall guarantee payment of all taxes and penalties levied by said laws and ordinances in the manner and at the time provided therein, then this obligation shall be null and void, otherwise it is to remain in full force and effect.

This is a continuing bond and may be terminated by either Surety or Principal by giving the other 90 (ninety) days prior notice of such intention to terminate the bond. In the event the bond existing between the Principal and Surety is canceled, the Principal shall be required to give a new surety bond before the 90 days elapse. Any notices shall be filed with the Secretary or his authorized representative, but such termination of the bond shall not relieve the Surety of any liability on which any claim or claims known, or claims which might arise, and for which the Surety would be liable before the effective date of said notice of termination.

This bond authorized by and made pursuant to the provisions of R.S. 47:9 and R.S. 47:306(D), as amended, and all provisions of said law are hereby made a part of this bond by reference.

FURTHER, the Principal, Surety, and the Louisiana Department of Revenue agree to litigate any and all disputes involving said bond in the 19th Judicial District Court for the State of Louisiana.

THUS DONE AND SIGNED by the Principal in the presence of the undersigned competent witnesses on the

Name of principal

2. _____

Signature of authorized representative

Print name and title.

Notary Public

Print name.

My commission expires _____
SEAL

THUS DONE AND SIGNED by the Surety in the presence of the undersigned competent witnesses on the _____ day of _____, _____ Year, at _____ City, _____ State.

SURETY

TWO WITNESSES REQUIRED.

1. _____

Name of Surety

2. _____

Signature of authorized representative

Print name and title.

Notary Public

Print name.

My commission expires _____
SEAL

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

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Fax: (602) 674-8235