

Amount \_\_\_\_\_

**COLLECTION AGENCY BOND**

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

Know All by These Presents That \_\_\_\_\_ of \_\_\_\_\_ in the County of \_\_\_\_\_ State of \_\_\_\_\_ doing business as \_\_\_\_\_ as Principal, and \_\_\_\_\_

\_\_\_\_\_ a corporation duly organized and existing under the laws of the \_\_\_\_\_, and being duly qualified to transact business in the State of Maine, as Surety, are holden and stand firmly bound unto the Superintendent of the Bureau of Consumer Protection of the State of Maine, for the use of any person or persons who may have a cause of action against the obligor of this bond under the provisions of the act under which this bond is given, in the just sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_)

to be paid to the said person or persons as aforesaid, to which payment well and truly to be made, we hereby jointly and severally bind ourselves, our respective heirs, executors, administrators, successors or assigns, firmly by these presents.

The Condition of this Obligation is such, that whereas, the above bounden principal has applied to the said Superintendent of the State of Maine for a collection agency license under the provisions of Title 32, M.R.S.A., Sections 571 to 583, and is required by the provisions of that law to furnish a bond conditioned as herein set forth. Said license, if granted, will be for a period expiring July 31, \_\_\_\_\_.

Now, therefore, if the said above named principal shall, within 60 days after the close of each calendar month, report and pay to customers the net proceeds due and payable of all collections made during said calendar month, and shall strictly, honestly and faithfully comply with the provisions of Title 32, M.R.S.A., Sections 571 to 583, and all amendments thereof and supplemental thereto, now or hereafter enacted and all rules and regulations in effect or which may be issued thereunder, then this obligation shall be void, otherwise to remain in full force and effect.

This bond shall cover all claims collected and property converted by the licensee during the term of the license covered by the bond, but the aggregate liability of the surety for any and all claims which arise under the bond shall in no event exceed the above principal amount.

This bond shall continue in full force and effect and shall run concurrently with the entire current license period and for any renewals thereof. The surety may be relieved of future liability hereunder by giving 30 days' written notice to the principal and to the Superintendent of the Bureau of Consumer Protection of the State of Maine.

IN WITNESS WHEREOF we have hereunto set our hands and seals,

This \_\_\_\_\_ of \_\_\_\_\_ A.D. \_\_\_\_\_

This must be acknowledged before a Notary Public.

Put Seal Here

See Page 2.

Principal

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

Capacity

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

Surety

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

Countersigned

Maine Resident Agent

Capacity

Approved \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

**ACKNOWLEDGMENT BY PRINCIPAL**

INDIVIDUAL  
STATE OF MAINE

County of \_\_\_\_\_ ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me,  
\_\_\_\_\_, a  
notary public in and for the County and State aforesaid, residing therein, duly commissioned and sworn, personally appeared  
\_\_\_\_\_  
known to me to be the person whose name is subscribed to the within instrument, and acknowledged that \_\_\_\_\_ he \_\_\_\_\_ executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

(Seal)

\_\_\_\_\_  
Notary Public

PARTNERSHIP  
STATE OF MAINE

County of \_\_\_\_\_ ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me,  
\_\_\_\_\_, a  
notary public in and for the County and State aforesaid, residing therein, duly commissioned and sworn, personally appeared  
\_\_\_\_\_  
known to me to be one of the partners of the partnership that executed the within instrument and acknowledged to me that such partnership executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

(Seal)

\_\_\_\_\_  
Notary Public

CORPORATION  
STATE OF MAINE

County of \_\_\_\_\_ ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me,  
\_\_\_\_\_, a  
notary public in and for the County and State aforesaid, residing therein, duly commissioned and sworn, personally appeared  
\_\_\_\_\_  
known to me to be the \_\_\_\_\_ (title) of the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

(Seal)

\_\_\_\_\_  
Notary Public

**ACKNOWLEDGMENT BY SURETY**

STATE OF MAINE

County of \_\_\_\_\_ ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me,  
\_\_\_\_\_, a  
notary public in and for the County and State aforesaid, residing therein, duly commissioned and sworn, personally appeared \_\_\_\_\_,  
known to me to be the attorney in fact of the corporation that executed the within instrument, and acknowledged to me that such corporation  
executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate  
first above written.

(Seal)

\_\_\_\_\_  
Notary Public

SAMPLE  
INTEGRITYBONDS.COM

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	\$
<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**