

AMOUNT \$25,000

BOND NO: _____

**STATE OF MAINE BUREAU OF CONSUMER CREDIT PROTECTION
MORTGAGE LOAN ORIGINATOR (MLO) INDIVIDUAL SURETY BOND**

KNOW ALL PERSONS BY THESE PRESENTS THAT

(Name of individual)
residing at _____ in the County of _____

(Street address and City/Town)
State of _____, as Principal, and
(State)

(Name of bonding company)

a bonding company duly organized and existing under the laws of the State of _____, 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 Credit Protection of the State of Maine, for use of any person or persons who may have a cause of action against the Principal of this bond under the provisions of the act under which this bond is given, in the just sum of twenty-five thousand dollars (\$ 25,000), 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 if the said _____ shall faithfully perform the duties and obligations pertaining to the business of a mortgage loan originator to be conducted in accordance with the tenure of the license to engage in said business issued to _____ by the Superintendent, of the Bureau of Consumer Credit Protection of the State of Maine under the authority, of and as provided in Title 9-A M.R.S.A., the Maine Consumer Credit Code, and shall conform and abide by each and every applicable provision of the Code and to all rules and regulations lawfully made by the Superintendent hereunder and shall pay to the State and to any such person or persons, any and all monies that may become due or owing to the State, or to such person or persons from said obligor, under and by virtue of the provisions of these Acts, then this obligation shall become void; otherwise it shall be and remain in full force and effect.

This bond shall cover all claims collected, property converted and losses occasioned 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.

The surety may be relieved of further liability hereunder by giving 30 days written notice to the principal and to the Superintendent of the Bureau of Consumer Credit Protection of the State of Maine.

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

This _____ of _____ A.D. _____

Put Seal
Here

Principal

By: _____

Capacity

Surety

By: _____

Capacity

Approved _____ day of _____ A.D. _____

Superintendent, Bureau of Consumer Credit
Protection

ACKNOWLEDGMENT BY PRINCIPAL (MORTGAGE LOAN ORIGINATOR)

STATE OF _____
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/she 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 (BONDING COMPANY)

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/she 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

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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