

SURETY BOND # _____

CONTRACTOR'S LICENSE # _____

MARYLAND HOME IMPROVEMENT CONTRACTOR'S BOND

BE IT KNOWN, that we _____ of _____, as principal, and _____ as surety, are held and firmly bound unto the State of Maryland for the benefit of the Maryland Home Improvement Guaranty Fund in the event that it is damaged because of payment made on account of violation of the Maryland Home Improvement Law by the principal in the full and just sum of TWENTY THOUSAND (\$20,000.00) for the payment of which, well and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED and DATED THIS _____ DAY OF _____ 20____

WHEREAS, the above bounden principal has applied to the Maryland Home Improvement Commission for a license as a Home Improvement Contractor.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH that, if the above bounden principal shall comply in all respects with Annotated Code of Maryland, Business Regulation Article, Title 8, Home Improvement and the regulations promulgated thereto. then this obligation shall be void otherwise to remain in full force and effect.

PROVIDED, HOWEVER, this bond may not be construed to require the surety to be responsible for the completion of any home improvement contract entered into by the principal on this bond.

PROVIDED, FURTHER, in no event shall the aggregate of liability of the surety under this bond for any and all payments from the Maryland Home Improvement Guaranty Fund on account of violations of the Maryland Home Improvement Law by the principal arising during the period covered by the bond exceed the sum of \$20,000.00. Any renewal or extensions of the period covered by the bond shall establish a new bonding period. The surety's maximum potential liability shall be \$20,000.00 per bonding period.

PROVIDED, FURTHER, this may not be construed to require the surety to be responsible for damages arising from any breach of a home improvement contract, if such contract was entered into after the inactivation, expiration, or revocations of the contractor's license.

PROVIDED, FURTHER, this bond does not release the principal from any liability to the Maryland Home Improvement Guaranty Fund in excess of \$20,000.00

PROVIDED FURTHER, if this bond is cancelled or reduced by action of the surety the principal's contractor's license shall be subject to revocation.

This bond may be canceled at any time by the surety upon giving thirty (30) days written notice to the Maryland Home Improvement Commission by certified mail of such cancellation, it being understood that the surety shall be liable for any payment from the Maryland Home Improvement Commission Guaranty Fund on account of violation of the Maryland Home Improvement Law prior to the date of cancellation.

It is agreed that any, claim under this bond must be filed by the Maryland Home Improvement Commission Guaranty Fund with the surety within:

- 1) Three years after the inactivation, expiration or revocation of a principal's contractor's license; or
- 2) Within three years after the cancellation or expiration of the bond, whichever first occurs.

Notice of such claims shall be given to the surety within this period of time.

PRINCIPAL
BY: _____

SURETY
BY: _____

ISSUED FOR THE TERM OF:

(Date of issuance)

ADDRESS TO WHICH CLAIMS IS AGAINST THE BOND ARE TO BE SENT TO
TO: _____
(Expiration of license)

(TWO YEARS FROM DATE OF ISSUANCE)

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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