

BOND #

KNOW ALL MEN BY THESE PRESENTS:

That we, _____,
as Principal, and _____,
incorporated under the laws of the State of _____ with principal
office in _____ as Surety, are held and firmly
bound unto

THE MARYLAND STATE LOTTERY AGENCY

As obligee, in penal sum of _____ dollars, lawful money
of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, _____ has been duly licensed as Daily
and/or Weekly Lottery Sales Agent (“Agent”) by the Insured and by reason thereof will receive into its
hands monies goods and other property of the Insured and the term of said license is indicated in the
block checked below:

- Beginning the _____ day of _____, _____ and
ending the _____ day of _____.
- Continuous, beginning the _____ day of _____.

WHEREAS, the Principal is required by law to file with MARYLAND STATE LOTTERY AGENCY
a bond for the above indicated term and conditioned as hereinafter set forth.

Now the condition of the obligation is such that of the Agent does not have weekly settlement and
remittance available prior to the scheduled Agent collection as set forth in all the agreements entered into
between the Insured and the Agent that the Surety shall pay the Insured all loss suffered by the Insured to
the extent of the limits of liability under this surety agreement, regardless the reason for the Agent’s
failure to have such weekly settlement and remittance available.

“Insured” will be defined as THE MARYLAND STATE LOTTERY AGENCY. “Agent” will be
defined as the Agent under the license agreement and all owners, partners, officers and employees
thereof.

PROVIDED FURTHER, that regardless of the number of years this bond shall continue or be continued
in force and of the number of the premiums that shall be payable or paid, the Surety shall not be liable
hereunder for a larger amount, in aggregate, than the amount of this bond, and

PROVIDED FURTHER, This bond may be cancelled by the Surety as to subsequent liability by giving
thirty (30) days notice in writing to said Obligee.

Signed, sealed and dated the _____ day of _____.

Principal

BY: _____

BY: _____

Attorney-in-Fact

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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