

**LICENSEE
SURETY BOND**

BOND NO. _____

[check applicable license] Mortgage Lender; Consumer/ Installment Loan; Collection Agency;
 Money Transmitter; Check Casher

THE UNDERSIGNED, _____ of _____

(Full Legal Name & Trade Name If Used)

(Full Address of Business Location)

as **PRINCIPAL** and _____, of _____,
as **SURETY**, are firmly bound unto the State of Maryland in the penal sum of \$ _____,
for the payment of which we jointly and severally bind ourselves and our heirs, personal
representatives, successors and assigns, this _____ day of _____, 20____.

WHEREAS, The Principal has applied to the Commissioner of Financial Regulation or the
Collection Agency Licensing Board of the State of Maryland for the license indicated above, as
provided by applicable provisions of the Annotated Code of Maryland (“Md. Code”); and is
required to file a surety bond in order to obtain such a license.

NOW, THEREFORE, The conditions of this obligation are as follows:

1. The specific bonding characteristics are requirements set forth in the Md. Code and the Code of Maryland Regulations (“COMAR) for the indicated license shall apply as follows:
 - Mortgage Lender License- Financial Institutions Article (“FI”), Section 11-508, Md. Code. COMAR 09.04.06.15.
 - Consumer/Installment Loan License- FI, Section 11-206(c), Md. Code.
 - Collection Agency License- Business Regulation Article, Section 7-304, Md. Code.
 - Money Transmitter License- FI, Section 12-410, Md. Code.

The provisions of each of these laws and regulations are fully incorporated herein by reference.

2. This bond may be canceled at any time by the Surety, but such cancellations shall be effective 60 days (or, as to Money Transmitters licensees, 30 days) after written notice of such cancellation has been given by the Surety to the Commissioner of Financial Regulation (or the Collection Agency Licensing Board if the Principal is a collection agency licensee) by certified mail.
3. a.) As to Mortgage Lender, Consumer/Installment Loan and Collection Agency licensees, any claim under this bond must be made with the Surety within the first to occur of:
 - One (1) year after the Principal ceases, for any reason, to be licensed; or
 - One (1) year after the cancellation or expiration of this bond.
3. b.) As to Money Transmitter licensees, any claim under this bond must be made with the

Surety within 5 years after the Principal ceases, for any reason, to be licensed.

4. This bond covers any breach of the above-stated obligations occurring during the bonding period, prior to the effective date of cancellations or termination of the bond.
5. If the principal faithfully conforms to and abides by each and every provision of applicable law and regulations while engaging in the business to which this bond applies; then this obligation is to be void. Otherwise, it shall remain in full force and effect for the period beginning _____, 20____, and continuing until cancelled by the surety in accordance with paragraph 2 hereof.

WITNESS

**(SIGNATURES OF INDIVIDUAL
OR PARTNERSHIP PRINCIPALS)**

(SEAL)

(SEAL)

(SEAL)

ATTEST:

Corporate or Limited Liability Company Principal

By: _____ (SEAL)

Secretary or Assistant Secretary

President, Vice President or Authorized Member

(Affix Seal of Corporation)

ATTEST:

Surety

By: _____
Authorized Signature

Witness

(Affix Seal of Corporation)

Countersigned By: _____

SAMPLE
INTEGRITYBONDS.COM

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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