MORTGAGE BROKER BOND

Bond Number:		_		
broker ("Principal" same with the 7	') to furnish a surety bon	d in the amount of Se · General of the Co	9 CMR 42.06(2)(a)(2) require eventy-Five Thousand Dollars mmonwealth of Massachuse	(\$75,000) and to file the
	NOW THEREFOR	RE KNOW ALL PERS	ONS BY THESE PRESENTS	
That			of	
	(ins	ert full physical address	, a corporation duly organized	under the laws of the
State of	, ;	as Principal, and		
and licensed to Treasurer and Re and truly to be n Division's regulati	transact business in the eceiver General of the Conade for use of the Con	e Commonwealth of Commonwealth of Manmissioner under the eq., Principal and Sur	the laws of the State of	firmly bound unto the to which payment well Chapter 255E, and the
or the expiration, a period of twelve surrender, or rev competent jurisdic the reimbursemer collected, and to charged to the Pr surrender, or revo shall be paid to accordance with regulation 209 C	surrender, or revocation of months from the date of ocation of the relevant stion, and may be used ent of consumer fees or consatisfy any past due Difficipal. In the event of ocation of the relevant lice the Treasurer and Record the applicable provision MR 42.00 et seq. Not	of the relevant license, if such insolvency, liquilicense, unless other exclusively by the Compther charges determined in the insolvency, liquicitiense, any claim paymeriver General of the sof the Massachuse thing contained herein	of insolvency, liquidation or bathis bond shall continue to be dation, or bankruptcy of the Privise directed by the order or missioner for the benefit of contents, penalties, or other obligation, or bankruptcy of the Priving due from the Surety under Commonwealth of Massach that General Laws Chapter 2 shall prevent the Treasurer ditigation involving the Principal	held by the Treasurer for incipal, or the expiration, judgment of a court of asumers or borrowers for improperly charged or lations which have been incipal, or the expiration, er the terms of this bond susetts for disposition in 55E, and the Division's from continuing to retain
with consumers of the conduct of the Laws chapter 25 licensed business	or borrowers; correctly are e licensed business; and 5E, and the statutes, re	nd accurately account d operate the licensed egulations, rules, and n this obligation shall	rform any and all written agre for all funds received from a l business in accordance with regulatory bulletins applicable be void, otherwise to remain	consumer or borrower in Massachusetts General e to the conduct of the
	ture acts or omissions of By order of the Commiss By the Surety delivering and Receiver General same will be cancelled.	the Principal unless it sioner; or g not less than thirty (of the Commonweal The filing of such in his bond or which sha	and shall be continuous in natisterminated or cancelled: 30) days written notice to the thor Massachusetts and the notice shall not discharge the laccrue herein before the exp	Principal, the Treasurer Commissioner that the Surety from any liability
thirty (30) day per bond remains in	iod of notice if terminated	by the Surety, provide	red or accrued hereunder prior ed, however, that regardless of ewed, the aggregate liability of	the number of years this
IN WITNESS WH	EREOF we have hereun	o set our hands and s	eals:	
BY:		BY	:	
Principa		Date	:Surety Company	Date
	ppeared the above-name foregoing instrument as			, 20, and
	SEAL		Notary Pub	lic
			ivolal y Pub	110

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTACT			
GENCY PHONE: AGENC		FAX:	E-MAIL:		
AGENCY ADDRESS:					
CURRENT OR EXPIRING QUOTE WE ARE	LOOVING TO PEAT?	,	(City)	(State)	(Zip)
		-			
NAME OF PREVIOUS SURETY COMPANY	WRITING THE BONL)?			
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DA	ΓE:	
TYPE OF COMPANY CORP LLC	DBA PARTNER				
OBLIGEE:					
OBLIGEE ADDRESS: (Street)		(City)	(State)		(7in)
SECTION II: GENERAL INFORMATION		,	(State)		(Zip)
APPLICANT'S NAME:		SPOUSE NAME			
SS#:SPO	USE SS#	HOI	ME PHONE:		
RESIDENTIAL ADDRESS:(Street)		(City)	(8: 1.)		(3:)
BUSINESS NAME:		(City)	(State)		(Zip)
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?		O YOU HAVE ANY LIE GAINST YOU?	NS, CLAIMS, OR JUDG	EMENTS	YES NO
HAS APPLICANT EVER FAILED IN BUSINES	SS? YES 🗌 NO 🗍 H	IAS APPLICANT EVER	FILED BANKRUPTCY?	,	YES NO
					,
IF YES TO ANY. I	PLEASE EXPLAIN ON A	A SEPERATE SHEET C			
·		A SEPERATE SHEET C			. LO NO _
SECTION III: ADDITIONAL OWNERS / PART	NERS	A SEPERATE SHEET O			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI	NERS	SPOUSE NAME	OF PAPER:		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME	OF PAPER:		(Zip)
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM	NERS	SPOUSE NAME HO!	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HON (City) LIABILITIES AS OF LIABILITIES	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HO! (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) O BANKS	\$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND	NERS USE SS# MENT OF ASSETS & I	City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) GO BANKS O OTHERS	\$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS	NERS USE SS# MENT OF ASSETS & I \$ \$ \$	CCity) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB	ME PHONE: (State) O BANKS O OTHERS	\$ \$ \$	
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SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$	City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$ \$	
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SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI RESIDENTIAL ADDRESS:(Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE: (State) O BANKS O OTHERS SLE INCOME TAX DUE DLLS, ETC. NT ATE	\$ \$ \$ \$ \$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE DLLS, ETC. NT ATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
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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

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E-Mail info@integritybonds.com