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ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108

Form 9  
\$10,000 Bond for Professional Solicitors and Commercial Co-venturers

Surety Bond Number \_\_\_\_\_

KNOW ALL PEOPLE BY THIS PRESENT INSTRUMENT that we...

**Principal Obligor (Applicant/Registrant):**

Name \_\_\_\_\_

registering as a: **Professional Solicitor** or **Commercial Co-venturer** (circle one)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**AND Surety:**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

... which Surety is authorized to do business and issue surety bonds in the Commonwealth of Massachusetts, are held and firmly bound to Obligees (1) the Division of Non-Profit Organizations/Public Charities ("Division") of the Department of the Attorney General of the Commonwealth of Massachusetts for the use of the Commonwealth and (2) any charitable organization that may have a cause of action against the Principal for any losses, damages, or penalties resulting from any malfeasance or misfeasance by the Principal, its members, its officers, and its employees in the conduct of the solicitation activities during the term of this surety bond. The bond has been undertaken by the Principal in the amount of **Ten Thousand United States Dollars (\$10,000)** for the payment of which, we (the Principal and Surety) bind ourselves, our heirs, executors, successors and assigns, jointly and severally.

Bond forms change; this is for educational purposes only.

**This bond is issued subject to the following additional express conditions:**

1. **CONDITION OF OBLIGATION.** If the Division shall register the above Principal as a Professional Solicitor or Commercial Co-venturer and the Principal fully complies with the provisions of sections nineteen to thirty-five of chapter sixty-eight of the General laws and the acts amendatory thereof and supplemental thereto, then this obligation shall be discharged and be null and void. Otherwise the bond obligation will remain in full force and effect.
2. **ORDER OF CLAIMS.** Obligees' claims under this bond shall be settled in the order that the claims are made.
3. **MULTIPLE CLAIMS ON THE BOND.** This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.
4. **LIMITATION OF RESPONSIBILITY OF SURETY.** This bond may not be construed to require the Surety to be responsible for losses, damages or penalties resulting from any malfeasance or misfeasance in the conduct of solicitation after the expiration or effective date of cancellation of this bond, provided such cancellation was in accordance with the terms set out in #6 below. This bond is to cover all claims arising on account of the registration of the Principal and his/her acting as such Professional Solicitor or Commercial Co-venturer for the calendar year period ending on December 31, \_\_\_\_\_.
5. **LIMITATION ON SUM OF TOTAL LIABILITY.** In no event shall the liability of the surety under this bond for all claims exceed the sum of this bond.
6. **NOTICE OF CANCELLATION.** This bond may be cancelled at any time by the surety upon giving thirty (30) days written notice to the Professional Solicitor or Commercial Co-venturer and the Attorney General's Office by certified mail of such cancellation. It is understood that the Surety shall continue to be liable for any cause of action for any malfeasance or misfeasance by the Principal, its members, its officers, and its employees in the conduct of the solicitation when such cause of action arose prior to the date of cancellation.

This bond is issued pursuant to section twenty-four of chapter sixty-eight of the Massachusetts General Laws. This bond shall be issued for the term from \_\_\_\_\_, 20\_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_.

SIGNED AND DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
By: (please print)

\_\_\_\_\_  
Signature of Attorney-in-Fact for Surety

\_\_\_\_\_  
By: (please print)

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# 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	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

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**

**E-Mail [info@integritybonds.com](mailto:info@integritybonds.com)**

**Toll Free: (866) 420-2613**

**Local (480) 626-8916**

**Fax: (602) 674-8235**