

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
Licensing Division
COLLECTION AGENCY LICENSING
P.O. Box 30018, Lansing, MI 48909
517-241-9234
www.michigan.gov/collectionagencylicensing

Bond No.:

Effective Date:

COLLECTION AGENCY SURETY BOND

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

Know All Persons By These Presents, That _____
a sole proprietor or partnership doing business as _____,
or _____ a Corporation or Limited Liability
Company doing business as _____ with its
office located at _____ in the State of _____
City of _____ County of _____ and the State of Michigan,
as principal and _____, a surety
company duly authorized and existing under and by virtue of the laws of the state of _____ with its principal office at
_____, and admitted to do business in the State of Michigan, as surety, are held
and firmly bound unto the State of Michigan and persons damaged by the principal's failure to satisfy its responsibilities as set
forth in the condition hereof in the sum of _____ to the payment whereof, the above parties truly bind
themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, and each of them, firmly by
these presents.

WHEREAS, the principal desires to act as a collection agency licensed by the State of Michigan under The Occupational Code,
Public Act 299 of 1980, as amended, and

WHEREAS, Public Act 299 of 1980, as amended, requires each collection agency licensee thereunder to file and maintain in
force a corporate surety or cash bond conditioned upon the faithful accounting of all moneys collected upon accounts entrusted
to the licensee in a form prescribed by the Michigan Department of Labor & Economic Growth for the benefit of all persons
damaged by the wrongful taking of money collected by the agency, or licensee, or failure of the licensee to report or remit
proceeds of collections made; and

WHEREAS, this corporate surety is executed pursuant to and for the purposes set forth in Public Act 299 of 1980, as amended;
and

WHEREAS, the above parties agreed that the Michigan Department of Labor & Economic Growth will rely hereon if said
Department issues a collection agency license to the principal; and

WHEREAS, the above parties agree that this corporate surety shall be effective upon approval hereof by the Department and in
no event later than the time at which a collection agency license is issued to the principal; and

WHEREAS, the above parties agree that this bond may not lapse or be canceled prior to thirty (30) days after the surety gives
the Department of Labor & Economic Growth written notice of such lapse or cancellation and that the surety shall remain liable
for any breach of condition occurring up to the effective date of cancellation.

NOW, THEREFORE, the condition of this obligation is that if the above named principal fails to faithfully account for all moneys
collected upon accounts entrusted to the principal or if the principal fails to report or remit proceeds of collections made, the bond
shall indemnify any person damaged thereby, provided that the aggregate liability of the State to all such persons shall not
exceed the sum of this bond.

Signed and sealed as herein set forth.

Witnessed by: _____ Date _____ (L.S.)

Witnessed by: _____ Date _____ Owner/President _____ (L.S.)

Witnessed by: _____ Date _____ Surety _____ (SEAL)

Note: If partnership, all partners must sign.
If corporation, president or secretary signs indicating title of signatory.
If LLC, Member or Manager must sign.

I hereby approve the foregoing bond.

Department of Labor & Economic Growth
Director or Designated Representative

ATTORNEY-IN-FACT: Please enter your address and telephone number below:

ADDRESS _____

TELEPHONE NO. _____

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

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235