

BOND NUMBER _____

**INDEMNITY BOND FOR ELECTRIC SERVICE
FURNISHED BY MISSISSIPPI POWER COMPANY**

KNOW ALL MEN BY THESE PRESENTS, THAT _____

as principal, and _____

a corporation organized and existing under the laws of the State of _____

and duly authorized to conduct and carry on a general surety business in the State of Mississippi, as surety, are each held and firmly bound unto the Mississippi Power Company, as obligee, in the full and just sum of Dollars (\$) lawful money of the United States of America, for the payment whereof well and truly to be made the said principal and the said surety hereby bind themselves, their respective heirs, legal representatives, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the principal has applied to Mississippi Power Company for electric service and

WHEREAS, under the Electric Service Rules and Regulations of the obligee, it is necessary for the principal to furnish security for the prompt payment of electric bills for electric service furnished and supplied the principal by the obligee and

WHEREAS, the principal desires to post his bond in lieu of a cash deposit as security for the payment of electric bills and other obligations under contract.

NOW THEREFORE, the condition of this obligation is such that if the said principal shall well and faithfully perform the obligations herein recited and SHALL PROMPTLY PAY ALL BILLS RENDERED BY THE OBLIGEE TO SAID PRINCIPAL FOR ALTERNATIVELY: (PLEASE INITIAL APPROPRIATE CATEGORY AS PROVIDED)

___ 1. ALL OF THE PRINCIPAL'S ELECTRIC SERVICE ACCOUNTS

OR

___ 2. ONLY THE ACCOUNTS SERVING THE HEREIN LISTED SERVICE ADDRESSES

and as provided in this bond and the Electric Service Rules and Regulations of the obligee, then the above obligation shall be null and void, otherwise to remain full force and effect, and the surety herein agrees to pay, within thirty (30) days after written demand for payment by the obligee, any delinquent electric bills rendered by the obligee to the principal herein if such bills are not paid by said principal within fifteen (15) days from the date of said bills.

THIS BOND IS ISSUED AND EXECUTED SUBJECT TO THE FOLLOWING CONDITIONS

1. That the surety company reserves the right to cancel this bond by giving sixty (60) days written notice to the obligee via Certified Return Receipt Mail, to the address of the obligee listed below and on the effective date of such sixty day cancellation notice the surety is discharged and relieved of any liability. It being understood and agreed, however, that the said principal and surety will be liable for any loss accruing up to the effective date of the sixty day cancellation notice date, in no event however, in excess of the penalty of this bond.
2. That it is expressly understood by the principal and surety herein that the obligee may, by giving fifteen (15) days written notice, cancel this bond or require an endorsement hereon increasing the penal amount provided in this bond.
3. This bond shall be effective from and after the _____ day of _____, _____.

Signed, sealed and delivered
In the presence of:

Witness as to Principal

Name of Principal

Witness as to Surety

By: _____
Name and Title: Print or Type

Officer Signature

Address of Claim Office

Surety
By: _____
Its Attorney in Fact

City State, Zip

Obligee: MISSISSIPPI POWER COMPANY
Attention: J. H. Stuart
401 West Main Ave
Lumberton MS 39455
601-545-4004

Telephone Number of Claim Office

Agent Name

Agent Address

City State, Zip

CERTIFICATE OF POWER OF ATTORNEY OF SURETY MUST BE ATTACHED

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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Local (480) 626-8916

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Fax: (602) 674-8235