

# MISSOURI RESIDENTIAL MORTGAGE LOAN BROKER BOND

BOND NO. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That \_\_\_\_\_  
of the City of \_\_\_\_\_, County of \_\_\_\_\_,  
State of \_\_\_\_\_, as obligor and principal, and \_\_\_\_\_, as surety, are held and firmly  
bound unto the Commissioner of Finance for the State of Missouri in the penal sum of \$50,000 for the use of the  
Commissioner and of any person or persons who may have a claim against the said obligor on behalf of any  
borrower sustaining injury arising out of the supervised business described in sections 443.701 - 443.893 RSMo  
Supp. (2009), and amendments thereto, for payment of which, well and truly to be made, we jointly and  
severally bind ourselves, our heirs, executors, administrators, assigns, and successors firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH, That, Whereas, the above-named  
\_\_\_\_\_, has applied for a License to conduct a business at \_\_\_\_\_ in  
the City of \_\_\_\_\_, County of \_\_\_\_\_, Missouri, under the provisions of sections 443.701 -  
443.893 RSMo Supp. (2009).

NOW, the condition of the foregoing obligation is such that if the obligor and agents will faithfully conform  
to and abide by the provisions of this statute and will honestly and faithfully apply all funds received and perform  
all obligations and undertakings under the aforesaid statute and will pay to the State and to any person all  
money that becomes due and owing to the Commissioner or to such person under the provisions of the  
aforesaid statute, then this obligation to be void; otherwise to remain in full force and effect.

This obligation shall be deemed automatically renewed on an annual basis absent notice otherwise. If  
the surety herein shall so elect, this bond may be conditionally cancelled at any time by the surety herein by  
filing with the Commissioner of Finance of the State of Missouri a sixty (60) days written notice and shall not be  
discharged from any liability already accrued under this bond or which shall accrue herein before the expiration  
of said sixty (60) day period. Further, in no event shall the aggregate liability of the surety exceed the penal sum  
specified herein.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this \_\_\_\_\_, day of \_\_\_\_\_,  
20\_\_\_\_, to be effective on the \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_.

(CORPORATE SEAL)

\_\_\_\_\_  
Principal (Seal)

ATTEST:

By \_\_\_\_\_ (Seal)

By \_\_\_\_\_ (Seal)

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
Secretary

By \_\_\_\_\_ (Seal)

(CORPORATE SEAL)

Attorney in Fact

\_\_\_\_\_  
Address of Surety

# 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>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
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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