NEBRASKA COLLECTION AGENCY LICENSE BOND

KNOW ALL PERSONS BY THESE PRESENTS:	Bond No.
That we,, as Princi	ipal and
as Surety, are held and firmly bound unto the Nebraska Colle	ection Agency Licensing Board for and on behalf of
injured parties in the sum of	Dollars () for the payment of which well
and truly to be made, we hereby bind ourselves, our heirs, ex	secutors, administrators, personal representatives,
successors and assigns, jointly and severally, firmly by these	presents.
WHEREAS, the Principal, hereinabove described, is about to business as a duly licensed collection agency in the State of I	
NOW THEREFORE, the condition of this obligation is such	that, if the Principal shall faithfully and truly perform
all agreements entered into with the licensee's clients or custo	omers and shall, within forty-five days after the close
of each calendar month, report to and pay to his, her or its cl	ient or customer the net proceeds of all collections
made during the preceding calendar month and due to each c	lient or customer, then this obligation to be void,
otherwise to remain in full force and effect.	
IT IS FURTHER PROVIDED, that an action may be brough	t in any court of competent jurisdiction upon this bond
by any person to whom the licensee fails to account and pay	as set forth hereinabove or who has been damaged by
failure of the licensee to comply with all agreements entered	into with such person, except that the aggregate
liability of the Surety to all such persons shall, in no event, e	exceed the sum of such bond.
The term of this bond shall begin upon its effective date a	and end on December 31,
The effective date of this bond is	
(Corporate Seal of Insurance Company if Applicable)	Signature of Principal
	Signature of Agent *
*The bo	ond must be signed by an agent of the bonding company.

Bond forms change; this is for educational purposes only.

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTACT			
AGENCY PHONE:	AGENCY F	FAX:			
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			
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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)		
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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.

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E-Mail info@integritybonds.com