

MORTGAGE BROKER/BANKER BOND

Rev. 07/06

Bond Number _____

Effective Date _____

STATE OF NEW HAMPSHIRE
BANKING DEPARTMENT

KNOW ALL MEN BY THESE PRESENTS, that we _____
(Name of Applicant or Licensee)

of _____ AS PRINCIPAL, AND _____
(State of Incorporation/Formation) (Name of Insurance Company)

a corporation or other legally formed entity organized and existing under the laws of the State of _____ and authorized to do
business in the State of New Hampshire, AS SURETY, and hereby held and firmly bound unto the Bank Commissioner of the State of New
Hampshire for the use and benefit of the State of New Hampshire and the citizens and residents thereof, conditions of this obligation, in the
sum of twenty thousand dollars (\$20,000), lawful money of the United States, for the payment of which sum, well and truly made, we bind
ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above mentioned Principal has applied for a license as a mortgage broker or a mortgage banker under the provisions of New
Hampshire Revised Statutes Annotated 397-A from and after the date hereof for the license period and continuous during the licensing period,
including renewal periods, or until cancelled, and required to faithfully comply with any and all provisions of NH RSA 397-A, as now or
hereafter amended, and any and all rules, regulations and orders issued or hereafter to be issued by the Bank Commissioner of the State of New
Hampshire; and

WHEREAS, this bond provides for suit thereon by any person who has a cause of action under RSA 397-A and, if the Bank Commissioner by
rule or order requires, by any person who has a cause of action not arising under the chapter. This bond provides that no suit may be
maintained to enforce any liability on the bond unless brought within 6 years after the transaction or other act upon which it is based.

NOW, THEREFORE, this bond shall remain in full force and remain in effect during the period of license of the Principal or until cancelled.
Should the Surety wish to effect cancellation, 20 days notice must be given to the Bank Commissioner. Such notice shall be in writing and the
20 day period shall commence from the date the notice is received by the Bank Commissioner. The suspension or revocation of the license of
the Principal shall not cancel, suspend nor otherwise impair any obligation of the Surety under this bond.

IN WITNESS WHEREOF, said Principal, acting by and through its duly authorized officers, has hereunto set its hand and seal and the said
Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this _____ day of
_____, 20_____.

_____(Seal)
(Name of Applicant or Licensee)

_____(Seal)
(Name of Surety)

BY _____
(Sign: Name and Official Position)

BY _____
(Sign: Name and Official Position)

BY _____
(Counter-Signature by NH licensed
Representative of the Insurer)

NOTE: Any applicable resolutions authorizing the execution of this bond shall be attached. If this bond has been subscribed to an "attorney-in-
fact", there must be attached a "Power of Attorney".

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