

BOND

WHEREAS, application has been made to the Commissioner of Banking and Insurance of the State of New Jersey by

If an individual or a partnership, insert full name(s) and, if applicable, the words "trading under the name of" or "doing business as"

having its principal office at _____ in the county of _____ in the State of _____ or _____ if a corporation, insert name, and add the words "a corporation of the State of"

having its principal office at _____ in the county of _____ in the State of _____ for a license to engage in business pursuant to the provisions of N.J.S.A. 17:11C-51 et seq. as a _____ Residential Mortgage Lender or _____ Correspondent Residential Mortgage Lender or _____ Residential Mortgage Broker
(Indicate applicable license type)

WHEREAS, every licensee shall file with the Commissioner a surety bond in the principal sum of _____, said bond to be issued by a surety company authorized to transact business in the State of New Jersey; now, therefore

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

as a principal, and _____ of the City of _____ (Name of Surety Company)

County of _____, State of _____ as surety, are held and firmly bound unto the State of New Jersey for the use and benefit of any person injured by the wrongful act, default, fraud or misrepresentation of the business licensee, or its qualifying individual licensees, and all mortgage loan originators, other employees, and agents under and by virtue of the provisions of the Residential Mortgage Lending Act, N.J.S.A. 17:11C-51 et seq., in the principal sum of _____, for the payment of which, will and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

THE CONDITIONS OF THIS OBLIGATION are such that if the licensee will faithfully comply with and abide by the provisions of N.J.S.A. 17:11C-51 et seq. and all rules and regulations promulgated pursuant thereto and will commit no wrongful act, default, omission, fraud or misrepresentation, and perform all obligations and undertakings honestly, fairly, equitably and efficiently when engaging in the first or second mortgage lending business in this State and will pay to the State any and all money that may become due and owing to the State under and by virtue of the provisions of N.J.S.A. 17:11C-51 et seq., then this obligation will be void; otherwise, it will remain in full force and effect. This bond shall continue in full force and effect indefinitely subject, however, to cancellation. If the surety herein shall so elect, this bond may be cancelled at any time by filing with the commissioner a 30 day written notice of such cancellation, but said surety so filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue before the expiration of said 30 day period.

Regardless of the number of years this bond remains in force, the aggregate liability of the surety hereunder for any and all claims in no event shall exceed the full penal sum hereof.

IN WITNESS WHEREOF, we have executed the foregoing obligation this _____ day of

_____, 20____, to be effective on the _____ day of _____, 20____

Signed, sealed and delivered _____ in the presence of _____ (Name of Licensee)

(Seal, if Corporation) _____ (.....President, if Corporation)

Attest _____ (Witness, if Sole Proprietor or Partnership)

(Partner)

(Surety Company)

By: _____
(Attorney in fact)

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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