

INSURANCE PREMIUM FINANCE COMPANY BOND

KNOW ALL MEN BY THESE PRESENTS, That we _____

City of _____, County of _____, State _____

as Principal, and _____ of _____

State of _____, a corporation organized and existing under the laws of the State of _____ and authorized to do business in the State of North Carolina, as surety are held and firmly bound unto the people of the State of North Carolina, in the penal sum of _____ THOUSAND and 00/100 DOLLARS, lawful money of the United States, for which payment well and truly to be made we bind ourselves, our heirs, executors, administrators, assigns and successors jointly and severally firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION is such that:

WHEREAS, the said Principal has applied to the Commissioner of Insurance of the State of North Carolina for a license to engage in the business of financing insurance premiums pursuant to Section 58-35-5 of the General Statutes of the State of North Carolina and in accordance with the regulations issued thereunder is required to give a surety bond unto the State of North Carolina.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall be licensed by the Commissioner of Insurance to conduct such business and if the Principal shall conduct such business in full compliance with the provisions of the laws of the State of North Carolina and the rules and regulations prescribed by the Commissioner of Insurance pursuant to law pertaining to Insurance Premium Finance Companies, then this obligation shall be null and void; otherwise to remain in full force and effect;

PROVIDED, HOWEVER, in no event shall the liability of the Surety to all such persons for all breaches of the conditions of this bond exceed in the aggregate penal sum of this bond

The Surety herein shall be relieved of liability as to future breaches of the conditions of this bond at the end of thirty (30) days after serving written notice to the Principal and the Commissioner of Insurance, State of North Carolina of its desire to terminate to be so released.

IN TESTIMONY WHEREOF, the said Principal has hereunto set his hand and seal and the said Surety has caused these presents to be signed by its duly authorized officer or Attorney-in-Fact and its corporate seal affixed on the day and year first written above.

(CORPORATE SEAL)

(SURETY SEAL)

Principal: _____

Surety: _____

By: _____

By: _____

Attorney-in-fact

COUNTERSIGNED BY: _____

Licensed North Carolina Resident Agent

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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