



CONTRACTOR LICENSE/REGISTRATION BOND FORM

Bond # _____

Date _____

Amount \$25,000.00

KNOW ALL PERSONS BY THESE PRESENTS:

That (Licensee/Registrant) _____
of (Company Name) _____
as Principal and (Bond Company) _____
as Surety, are held firmly bound unto the City of Columbus, c/o City Treasurer, City Hall, 90 West Broad Street, Columbus, Ohio 43215, as Obligee, in the sum of Twenty Five Thousand and no/100th Dollars (\$25,000.00) to be paid to said Obligee City, its successors and assigns, and for the payment thereof well and truly to be made, we, Principal and Surety, jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns firmly by these presents. The conditions of the above obligation are such that:

WHEREAS, the above principal has or is about to apply to said Obligee for a license/registration as a _____ Contractor for the term commencing this date and ending (MO/DAY/YR) _____, pursuant to Chapter 33 or 41 of the Columbus City Codes, 1959, as applicable.

WHEREAS, Principal, his agents and employees shall save the City harmless from all loss and damage to persons or property which may be occasioned in any way, by accident or the want of care or skill on applicant's part, in the prosecution of the work contracted, performed, pursued or attempted under such license/registration, pursuant to Columbus City Code Chapter 33 or 41 as applicable.

NOW THEREFORE, if the license/registration shall be issued to Principal and Principal, his agents and employees shall save the City harmless from all loss and damage to persons or property of the City and aforesaid, then this obligation shall be voided; otherwise, the same shall remain in full force and effect.

IT IS FURTHER AGREED AND UNDERSTOOD that Surety Company reserves the right to cancel this bond by giving thirty (30) days written notice to Obligee c/o Administrator for The Building Services Division, 757 Carolyn Avenue, Columbus, Ohio 43224, and upon receipt of such cancellation notice, Surety Company is relieved of any further liability. Surety Company will be liable for loss accruing up to the effective date of said cancellation notice, but in no event to exceed said \$25,000.00.

Signed this _____ day of _____, in the year _____

Licensee/Registrant _____ By _____
(PRINT OR TYPE NAME) (SIGNATURE)

Surety _____ By (Attorney-in-fact) _____
(PRINT OR TYPE NAME) (SIGNATURE)

Seal

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