Insurance Company

Lottery Sales Retailer Bond

LOTTERY RETAIL SALES NO.	
KNOW ALL MEN BY THESE PRESENTS, That we as PRINCIPAL DBA	Business Address
and the	
and the and the a corporation organized and existing under the law office at, as S THE STATE OF OHIO and THE OHIO LOTTERY OBLIGEE, in the penal sum of United States of America, for which payment, well a our heirs, executors, administrators, successors, a jointly and severally, firmly by these presents.	URETY, are held and firmly bound unto COMMISSION, hereinafter called the DOLLARS, lawful money of the and truly to be made, we bind ourselves,
WHEREAS, the aforesaid Principal has been granted engage in the business of Lottery Sales Retailer. obligation is such that is said principal shall corregulations governing such license, then this obligate full force and effect.	Now, therefore, the condition of this mply with all laws, rules, policies and
It is further understood and agreed that 1) The liabilithe penalty of this bond, regardless of the number of proceedings at law or in equity, brought against Sure be commenced within six (6) months from the effective	of years the bond is in force, and 2) Any ety to recover any claim hereunder, must
The surety may cancel this bond at any time by ma Obligee. Said cancellation shall be effective thirty Obligee.	
TERM OF BOND: From to _	(All bond terms
shall be one year unless renewed for addition issued by the surety)	nal terms by continuation certificate
SIGNED and SEALED this	<u></u> .
TAMAGII ALL	for educational purposes only.
BY:	_
(Typed Principal Name)	Seal or stamp of insurance company.
BY:	company.
Attorney-in-fact	-

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTACT			
AGENCY PHONE:	AGENCY F	FAX:	E-MAIL:		
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			
·		A SEPERATE SHEET C			
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: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HON (City) LIABILITIES AS OF LIABILITIES	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HO! (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) O BANKS	\$	
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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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