

**NOTARIAL BOND
TO THE
STATE OF OKLAHOMA**

Commission No.

PLEASE NOTE: File the bond form and a \$10.00 fee with the office of the Secretary of State, 2300 N. Lincoln Blvd., Room 101, Oklahoma City, Oklahoma 73105-4897

KNOW ALL MEN BY THESE PRESENTS:

That _____ of _____
(Name of Notary) (Residence Address or, if a Non-resident, Employment Address)
in the county of _____, State of Oklahoma, as Principal, lately appointed Notary Public within and for the State of
Oklahoma, and
_____ of _____
(Name of Surety) (Residence address)
_____ of _____
(Name of Surety) (Residence address)

as Sureties, are held and firmly bound unto the State of Oklahoma in the penal sum of One Thousand (\$1,000.00) Dollars, good and lawful money of the United States, to be paid to the State of Oklahoma, for which payment will and truly be made, we bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents.

Dated this _____ day of _____, _____.

Whereas, the above bounden Principal has been appointed to the Office of Notary Public, within and for the State of Oklahoma.

NOW, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if said Principal shall faithfully, in all things, perform all duties required by law as a Notary Public within and for said State during the term of said office by virtue of said appointment, then the above obligation to be void, else to remain in full force.

We, the sureties on the bond herein, being severally sworn each for himself, is worth at least One Thousand (\$1,000.00) Dollars over and above all debts and liabilities by him owing, and all property exempt by law from levy and execution.

Principal Sign Here → _____
Surety Sign Here → _____
Surety Sign Here → _____

ACKNOWLEDGMENT OF SURETIES

State of Oklahoma
County of _____

Signed and sworn to before me on this _____ day of _____, _____, by
_____ and _____
(Name of Surety) (Name of Surety)

My Commission Expires: _____
(SEAL) Notary Public (or other authorized officer)
Commission # _____

TO BE COMPLETED BY THE NOTARY

IMPRESS YOUR SEAL HERE
Sign your name on the line below the same as you sign all public documents.
Sign Here → _____

OATH OF OFFICE
(Oklahoma Constitution Article XV)

State of Oklahoma
County of _____

I, _____, do solemnly swear (or affirm) that I will support, obey, and defend the Constitution of the United States, and the Constitution of the State of Oklahoma, and that I will not knowingly, receive, directly or indirectly, any money or other valuable thing, for the performance or nonperformance of any act or duty pertaining to my office, other than the compensation allowed by law; I further swear (or affirm) that I will faithfully discharge my duties as a Notary Public to the best of my ability.

Signature of Principal

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public or other officer authorized to administer oaths or affirmations

My Commission Expires: _____

Commission # _____

(SEAL)

LOYALTY OATH
(51 O.S., Section 36.2A)

State of Oklahoma
County of _____

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am a Notary Public.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public or other officer authorized to administer oaths or affirmations

My Commission Expires: _____

Commission # _____

(SEAL)

(SOS FORM 109-10/2004)

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