

# OREGON COLLECTION AGENCY SURETY BOND

Surety Bond No.: \_\_\_\_\_

\_\_\_\_\_, as principal, and  
\_\_\_\_\_, a corporation duly organized  
and existing under the laws of \_\_\_\_\_ and authorized to transact a surety

business in the State of Oregon, as surety, are held and bound unto the State of Oregon, for the use of the state and any person who may have a cause of action against the principal, in the penal sum of ten-thousand dollars (\$10,000), lawful money of the United States, for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that the above-named principal has applied to the director of the Department of Consumer and Business Services of the State of Oregon for a collection agency registration under the provisions of ORS Chapter 697 and is required by the provisions of that law to furnish a bond conditioned as herein set forth.

If the said principal \_\_\_\_\_ strictly, honestly, and faithfully complies with the provisions of ORS Chapter 697 and all rules adopted thereunder, and all amendments thereof and supplemental thereto, now or hereafter enacted, then this obligation shall be void, otherwise to remain in full force and effect.

This bond becomes effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The surety shall have the right to cancel the bond by sending notice of cancellation by registered or certified mail to the principal and to the administrator, Division of Finance and Corporate Securities, Department of Consumer and Business Services, State of Oregon. Such cancellation takes effect on the date specified in the notice, but not earlier than the 30th day after the date of mailing. The surety shall have no liability under the bond for an act or default occurring after the effective date of cancellation.

This bond shall be one continuing obligation and the liability of the surety for the aggregate of any and all claims which may arise hereunder shall in no event exceed the amount of the penalty hereof.

IN WITNESS WHEREOF, we have hereunto set our hands and seal at \_\_\_\_\_  
in the state of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Principal: \_\_\_\_\_

by: \_\_\_\_\_

Title: \_\_\_\_\_

Corporate seal

Surety: \_\_\_\_\_

by: \_\_\_\_\_

NOTE: Power of attorney granting proper authority to person or persons executing this bond to execute and deliver bonds on behalf of the surety company shall be on file with the Oregon Insurance Division.

Cancellation notice should be sent to: Department of Consumer and Business Services  
Division of Finance and Corporate Securities  
Collection Agency Program  
P.O. Box 14480  
Salem, OR 97309-0405

Bond forms change; this is for educational purposes only.

# 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         | \$                             |
| <b>TOTAL ASSETS</b>          | <b>\$</b> | <b>TOTAL LIABILITIES</b>            | <b>\$</b>                      |
|                              |           | <b>NET WORTH</b>                    | <b>\$</b>                      |
| <b>NAME OF OWNERS</b>        |           | <b>NAME &amp; TITLE OF OFFICERS</b> | <b>PERCENTAGE OF OWNERSHIP</b> |
|                              |           |                                     |                                |

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](mailto:info@integritybonds.com)**

**Fax: (602) 674-8235**