

SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT WE, Lottery Retailer Number # _____
Owner Name _____
Corporation Name _____
Business Name (T/A) _____
Business Address _____

as Principal, (hereinafter called Principal), and _____
a corporation organized and existing under the laws of the State of _____ with its Home Office in
the City of _____ as Surety, (hereinafter called Surety), are held and firmly bound unto

Pennsylvania Department of Revenue
Pennsylvania Lottery
1200 Fulling Mill Rd, Middletown, Pa, 17057
ATTN: Licensing Officer

As Obligee, in the full and just sum of \$ _____ Dollars, lawful money of the United States of
America, to be paid to the Obligee, its successors or assigns on demand for and on account of any
funds due from the principal as a result of the principal's status as a Pennsylvania State Lottery Ticket
Retailer to which the principal has failed to make payments to the Obligee for which payment, well and
truly to be made, we bind ourselves, or heirs, administrators, successors and assigns, jointly
and severally, firmly by these presents.

"Whereas, the Principal has entered, or is about to enter, into written Agreement with the Obligee to be
financially responsible to the Pennsylvania State Lottery for all financial obligations derived from the
Principal's status as a Pennsylvania State Lottery Retailer as is more specifically set forth in said
Agreement, to which reference is hereby made."

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH , that if Principal shall
well and truly perform and carry out the covenant, terms and conditions of said Agreement, then this
obligation to be void: otherwise to remain in full force and effect. The surety may cancel this bond by
written notice to the Principal and Obligee, by Certified Mail, at least thirty (30) days in advance of the
date of cancellation.

Sealed with our seals and dated this _____ day of _____, 20_____

Witness

Attested to:

By: _____

Business Name

(SEAL)

Owner Name

By: _____ (SEAL)

(SEAL)

Insurance Company

By: _____

Attorney-in-Fact

INSURANCE AGENCY ADDRESS:

Telephone No: _____

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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Local (480) 626-8916

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Fax: (602) 674-8235