

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Department of Business Regulation  
CHARITABLE ORGANIZATION SECTION  
233 Richmond Street, Suite 232  
Providence, RI 02903-4232

**BOND  
OF  
PROFESSIONAL SOLICITOR OR PROFESSIONAL FUND RAISING COUNSEL  
TO THE  
GENERAL TREASURER OF THE STATE OF RHODE ISLAND**

KNOW ALL MEN BY THESE PRESENTS:  
THAT WE

(Hereinafter called the Principal), as Principal, having an office at \_\_\_\_\_ the state of Rhode Island, and \_\_\_\_\_ (Hereinafter called the Surety), as Surety, a corporation organist under the laws of the state of \_\_\_\_\_ and duly admitted to transact business in the state of Rhode Island, are held and firmly bound unto the General Treasurer of the state of Rhode Island and Providence Plantations in the penal sum of Ten Thousand Dollars (\$10,000), to be paid to the General Treasurer of the STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS, for the benefit of any person referred to in the conditions of this bond for which payment, well and truly made, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

The Conditions of this obligation are such, that

WHEREAS, The said Principal has applied to the Department of Business Regulation of the State of Rhode Island and Providence Plantations for a license to act as a Professional Solicitor or Professional Fund Raising Counsel in said State:

The total aggregate liability under this bond is limited to the sum of \$10,000 for any losses resulting from malfeasance, nonfeasance, or misfeasance in the conduct of solicitation activities.

This bond shall continue in force and effect unless, as to future acts or omissions of the Principal, it is terminated or cancelled:

By order of said Department; or (2) by the Surety delivering Sixty (60) days written notice to said Department that the same will be cancelled. Such cancellation or termination shall not effect any liability incurred or accrued hereunder prior to the termination or cancellation of said bond by said Department or prior to the termination of the sixty (60) day period or notice if terminated by Surety.

This bond shall take effect on and as of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNATURE OF SURETY

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_  
(SEAL)

NOTARY PUBLIC

(BOND.FRM 10/97)

# 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**

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