

**MORTGAGE BROKER
SPECIAL DEPOSIT BOND
STATE OF SOUTH CAROLINA**

Bond Number _____

Effective Date _____

KNOW ALL MEN BY THESE PRESENTS, That the undersigned _____
Name of Managing Principal/Owner/Authorized Officer
as authorized by principal _____ and the undersigned _____
Name of Mortgage Broker Company and d/b/a Name of Surety's Agent

as authorized by surety _____ are firmly held and bound unto the Administrator of the Department of
Name of Surety Company
Consumer Affairs of the State of South Carolina in full and just sum of \$ _____ dollars, to which payment we bind
ourselves and our respective successors and assigns jointly and severally.

Sealed with our seals and dated at _____ this _____ day of _____ in the year of our
Lord two thousand and _____.

WHEREAS, Section 40-58-40 of the Code of Laws of South Carolina, 1976, as amended, requires that a mortgage
broker deposit and thereafter continuously maintain a bond in the amount of \$ _____ dollars. The bond is to be
executed by a surety company authorized by the laws of this State to transact business in South Carolina and must be for
the use of the State as well as any consumers who have a cause of action against the mortgage broker.

AND WHEREAS, the _____ aforesaid, desires to transact business within the State of South
Carolina in accordance with the terms of its laws and to deposit with the Administrator a good and solvent bond in the sum of
\$ _____ dollars, does by this instrument furnish that bond.

NOW THEREFORE, the condition of this bond is such that if the above principal has failed to comply with the
Licensing of Mortgage Brokers Act, S.C. Code § 40-58-10 et seq. or has failed to provide contracted mortgage broker
services to customers as determined by the Administrator after notice and opportunity for hearing, then we the Beneficiary
(South Carolina Department of Consumer Affairs) are entitled to the sum of \$ _____.

PROVIDED, HOWEVER, that liability hereunder may be terminated either (a) by written notice from the surety to the
Administrator that liability shall terminate upon the expiration of forty five (45) days from the date of such notice, or (b) upon
written authorization mailed to the surety by the Administrator.

IN WITNESS whereof the principal and surety have set their hands and affixed their seals in the manner and form
following:

In presence of witnesses as to principal: Name of Principal:
(1) _____
(2) _____
By: _____
President (Officer)/Managing Principal

In presence of witnesses as to surety: Name of Surety:
(1) _____
(2) _____
By: _____
President (Officer)/Attorney in fact

EXECUTION BY PRINCIPAL AND SURETY MUST BE PROBATED ON REVERSE SIDE.

WITNESS AS TO PRINCIPAL

STATE OF _____,

_____ County.

Before me, the subscribing Notary Public, personally appeared _____
and made oath that he/she saw the within named _____
represented by _____ sign, seal, and deliver the within Bond, and
that he/she with _____ subscribed their names as witness thereto.
Witness number one (see front of bond)
Witness Number two (see front of bond)

Sworn to and subscribed before me this
_____ day of _____
A.D., 20____.

(L.S.)
Notary Public

To be signed by witness one or two (see front of bond)

WITNESS AS TO SURETY

STATE OF _____,

_____ County.

Before me, the subscribing Notary Public, personally appeared _____
and made oath that he/she saw the within named _____
represented by _____ sign, seal, and deliver the within Bond, and
that he/she with _____ subscribed their names as witness thereto.
Witness number one (see front of bond)
Witness Number two (see front of bond)

Sworn to and subscribed before me this
_____ day of _____
A.D., 20____.

(L.S.)
Notary Public

To be signed by witness one or two (see front of bond)

Persons executing for the Surety, other than corporate officers, must attach a Power of Attorney authorizing such person to execute surety bonds for the Surety.

Mailing Address of the Surety

Tel. No. _____

Mailing Address of the Department of Consumer Affairs
Department of Consumer Affairs
P.O. Box 5757
Columbia, South Carolina 29250-5757
Telephone Number 803-734-4200

NAME, ADDRESS AND TELEPHONE NUMBER OF SURETY CONTACT IN THE EVENT A CLAIM MUST BE FILED.

NAME: _____
TITLE: _____
ADDRESS: _____

(CITY, STATE AND ZIP CODE)
E-MAIL: _____
TEL. NO. _____
FAX NO. _____

SAMPLE
INTEGRITYBONDS.COM

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