

The State of South Carolina
Office of the Secretary of State
Public Charities Division
1205 Pendleton Street, Suite 525
Columbia, SC 29201

(803) 734-1790

Bond No: _____

Professional Solicitor's Bond

KNOW BY ALL MEN BY THESE PRESENTS, That We _____
(Name of Professional Fundraising Solicitor)

of _____
(Address of Professional Fundraising Solicitor)

AS PRINCIPAL, and _____
(Name of Surety)

of _____
(Address of Surety)

a corporation organized and existing under the laws of the State of _____, and
authorized to transact insurance in the State of South Carolina.
AS SURETY, are held firmly bound to the State of South Carolina for the use of the Secretary of State or his appropriate division
and any person who may have a cause of action against the obligor for losses resulting from malfeasance, nonfeasance, or
misfeasance in the conduct of solicitation activities for any breach of the condition of this obligation in the sum of FIFTEEN
THOUSAND (\$15,000) DOLLARS for the payment of which sum well and truly to be made we behind ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED with our seal, and dated this _____ day of _____, 20____

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

Whereas, the above-mentioned Principal has applied for or will apply for registration as a Profession Solicitor under the Solicitation
of Charitable Fund's Act.

NOW THEREFORE, if said Principal shall faithfully comply with the provision of said South Carolina Solicitation of Charitable Fund's
Act and with all rules, regulations and orders made pursuant thereto and all amendments thereto now or hereinafter enacted, then
this obligation shall be null and void; otherwise to be and remain in full force and effect.

The liability of the Surety hereon to all persons aggrieved shall in no event exceed in the aggregate fifteen thousand (\$15,000)
dollars in any registration period.

This Bond is a continuous obligation and shall cover the full period or periods of registration of the Principal, including initial and
renewal registrations. Each renewal registration shall be considered a separate registration period for purposes of Bond.

The Principal agrees to furnish the Surety with any information concerning the history and activities, past and present, of any and all
persons, interested in the business as principals, co-partners, officers or directors as the Surety may reasonably require.

The liability hereunder may be terminated (a) by written notice from Surety to Obligee that liability shall terminate upon expiration of
thirty (30) days from the date of such notice or (b) upon written authorization from Obligee addressed to Surety. In either event a
copy of the notice or authorization shall be forwarded to the Principal. In the event of such cancellation by the Surety, the Surety
shall refund any unearned premium.

Sworn to before me this _____ day of _____, 20____
Signature of Principal

Print Name and Official Position _____ (Signature of Notary)

Signature of Surety _____ My Commission Expires: _____

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	\$
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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