



# SURETY BOND FOR DEPOSIT

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

\_\_\_\_\_, the Principal, and \_\_\_\_\_, as Surety, are held and firmly bound unto the South Carolina Public Service Authority (Santee Cooper), as Obligee, in the sum of \_\_\_\_\_ Dollars ( \_\_\_\_\_ ), the payment for which we well and truly hereby bind ourselves and our heirs, administrators, successors, and assigns, jointly and severally.

Whereas, the Principal, has requested that Santee Cooper furnish electric service to the following businesses at the following locations. (Use a separate sheet marked Addendum to Surety Bond if necessary and note here: Addendum  Yes  No )

- Account No.: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_
- Account No.: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

Whereas, Santee Cooper requires advance payment of a surety bond in the amount stated above as security for unpaid bills; and

Whereas, the Principal desires to furnish this surety bond in lieu of a cash deposit to guarantee payment;

Therefore, it is agreed that if the Principal, or any successor, shall fail to pay promptly all charges due for electric service at the above described businesses and locations, the Principal and Surety are jointly and severally bound and obligated to Santee Cooper for the amounts due and indemnify Santee Cooper from all pecuniary loss, including attorneys' fees, resulting from the failure of the Principal to pay all charges due. It is agreed that Santee Cooper reserves the right to terminate electric service if the Principal fails to pay promptly.

The effective date of this obligation is \_\_\_\_\_. This obligation continues indefinitely unless canceled by the Surety with sixty (60) days notice in writing to Santee Cooper and the Principal. Such notice should be sent to Santee Cooper by Certified Mail addressed: Santee Cooper, Attn. Stephanie Housand, 1703 Oak St Myrtle Beach, SC 29577. Cancellation shall not affect any liability incurred or accrued under this Bond prior to the effective date of the cancellation.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_

Principal:

Name: \_\_\_\_\_

President: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_

Federal ID No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

By: \_\_\_\_\_

(Print Name) \_\_\_\_\_

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

Attest: \_\_\_\_\_

Account Nos.: \_\_\_\_\_

Surety:

Name: \_\_\_\_\_

President: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_

Federal ID No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

By: \_\_\_\_\_

(Print Name) \_\_\_\_\_

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

Attest: \_\_\_\_\_

# 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**