

AMOUNT \$ _____

BOND NO. _____

UTILITY SERVICE GUARANTY BOND

KNOW ALL MEN BY THESE PRESENTS, That _____

_____ Principal, hereinafter called Principal, and _____

As Surety, hereinafter called Surety, are held and firmly bound unto THE LENOIR CITY UTILITIES BOARD; LENOIR CITY, TENNESSEE, as Obligee, hereinafter called Obligee, in the aggregate sum of

(\$ _____) for the payment of which sum will and truly be made, we the Principal and Surety above named bind ourselves, our heirs, executors, administrators and successors, jointly and severally by these presents.

WHEREAS, The Principal has requested, and the Obligee has agreed to furnish utility service to the Principal pursuant to the rates, rules and regulations for the Company promulgated by proper regulatory authority having jurisdiction; and

WHEREAS, The Obligee is willing to accept this Bond in lieu of securing a cash deposit to be made by the Principal to secure payment for the services to be furnished.

NOW, THEREFORE, If the said Principal shall pay or cause to be paid all bills, statements or charged for any services furnished or rendered from and after _____, until date of disconnection, then and in that event, this bond and all obligations hereunder shall terminate and cease, otherwise, shall remain in full force and effect.

It is also understood and agreed that Surety may cancel this bond by written notice served by registered mail upon the LENOIR CITY UTILITIES BOARD specifying the effective date of said cancellation, which in no event shall be less than sixty (60) days after the date borne by Surety's receipt. But the Surety shall, nevertheless, remain liable for any and all accrued indebtedness of the Principal to the Obligee incurred prior to the proposed termination date.

IN WITNESS WHEREOF, The above parties have executed this instrument under their several seals, the name and corporate seal of each corporate party being hereto affixed, and these presents duly signed by its, under-signed representative pursuant to authority of its governing body, this _____ day of _____ 20____

Principal

By: _____

Surety

By: _____
Attorney-In-Fact

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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