

STATE OF TEXAS  
COUNTY OF JEFFERSON

BOND NO. \_\_\_\_\_  
PRINCIPALS ADDRESS & PHONE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUILDING CONTRACTORS BOND**

KNOW ALL MEN BY THESE PRESENT: That we, \_\_\_\_\_  
\_\_\_\_\_ as Principal, and \_\_\_\_\_ as Sureties, are held and firmly  
bound unto the City of Beaumont, Texas in the sum of Fifteen Thousand (\$15,000.00) Dollars to the payment of  
which well and truly to be made we hereby bind ourselves, our heirs, executors, administrators-assigns, and legal  
representatives, firmly by these presents:

WHEREAS, THE ABOVE NAMED \_\_\_\_\_  
\_\_\_\_\_ is engaged in the business of erecting, constructing, enlarging, altering, repairing, moving, improving,  
removing, converting, and demolishing buildings and structures within the City of Beaumont, Texas and

WHEREAS, Section 6-4 of the Code of Ordinances of Beaumont, Texas requires a bond in the sum  
of Fifteen Thousand (\$15,000.00) Dollars of persons or businesses pursuing contracting within the City of Beaumont.

NOW THEREFORE, if the said \_\_\_\_\_ shall  
sufficiently indemnify and protect the City of Beaumont against all costs, expenses, or damages which may in  
anywise accrue against, the City of Beaumont or account of his failure to conform to the regulations of the aforesaid  
Building Code and other Ordinances of the City in reference to building and shall pay all loss and damage for injuries  
to persons and property which may lawfully be claimed against him on account of such failure, then this obligation  
shall be null and void, otherwise to remain in full force and effect.

This Bond shall cover all erecting, constructing, enlarging, altering, repairing, moving, improving,  
removing, converting, or demolishing of buildings and structures, by the said \_\_\_\_\_  
\_\_\_\_\_ within the City of Beaumont, for the period of one (1) year from the date of approval and filing hereof.

This bond shall also inure to the benefit of any and all persons who sustain any loss or damage on  
account of any failure by the said \_\_\_\_\_  
to conform to the regulations of the aforementioned Building Code, the regulations of the Code of Ordinances and  
other ordinances of the City of Beaumont, in reference to buildings, and any such person sustaining any such loss  
or damage may bring suit on this bond against the principal and surety or sureties hereon in any court of competent  
jurisdiction to recover same.

All remedies upon or under this bond shall be in addition to and cumulative of all other remedies the  
parties may have at law or in equity for recovery of any such losses or damages. Cumulative recoveries may be had  
on this Bond but total recoveries hereunder by all claimants shall not exceed Fifteen Thousand (\$15,000.00) Dollars.  
Principal will maintain this bond at Fifteen Thousand (\$15,000.00) Dollars by providing the City of Beaumont with  
additional bond principal within fifteen (15) days after any recovery is made on this bond.

IN TESTIMONY WHEREOF, witness our hands on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ TO  
REMAIN IN EFFECT UNTIL \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Insurance Co. \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
(Print or Type Owners Name)

**AGENT: PLEASE ATTACH POWER OF  
ATTORNEY TO BOND**

\_\_\_\_\_  
(Signature To Be Notarized)

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE  
Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
BUILDING OFFICIAL

\_\_\_\_\_  
AGENT OR 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	\$
<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](mailto:info@integritybonds.com)**

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