

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

**INDEMNITY BOND FOR UTILITY SERVICES**

**KNOW ALL MEN BY THESE PRESENTS:** That we, \_\_\_\_\_  
as Principal, and \_\_\_\_\_ as  
Surety, are held and firmly bound unto the **Brownsville Public Utilities Board, PO Box 3270, Brownsville,  
TX 70523-3270** as Obligee in the sum of \_\_\_\_\_ **no/100 DOLLARS**  
(\$ \_\_\_\_\_) for payment where of well and truly to be made, the principal and the Surety bind themselves,  
their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the obligee has agreed to furnish to the Principal and the Principal has agreed to pay for utility  
service at the following addresses: \_\_\_\_\_  
, service to be provided in accordance with the rules, regulations and approves rates of the  
obligee, then this obligation shall be void, otherwise it shall remain in full force and effect, subject, however, to  
the following provisions.

This bond shall be in full force and effect indefinitely from date of issuance and a continuation or renewal  
certificate is unnecessary, provided however, the Surety may terminate it's liability by providing a sixty (60)  
day written notice to the Obligee; it being understood that such cancellation shall not affect any liability  
accruing under this bond prior to the effective date of such cancellation.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
BY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
BY: \_\_\_\_\_

# 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**