

SURETY BOND
Mortgage Broker

Bond No. _____

Amount _____

KNOW ALL MEN BY THESE PRESENTS:

That we [applicant], _____ of _____ County of _____ and State of _____ as Principal, and [surety] _____, organized and existing under the laws of the State of _____, with its principal place of business at _____, and duly licensed to do surety business in the State of Vermont, as Surety, are held and firmly bound unto the State of Vermont for use by the State, for its benefit and for the benefit of any person or persons, who may have a cause of action against us as the Obligors of this instrument under the provisions of the Title 8 Vermont Statutes Annotated, Chapter 73, Licensed Lenders (the "Act") hereafter described in the penal sum of _____ dollars, lawful money of the United States of America, to be paid to the Commissioner of Banking, Insurance, Securities and Health Care Administration of the State of Vermont, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents:

Whereas, the above bounden Principal has applied to the State of Vermont Commissioner of Banking, Insurance, Securities & Health Care Administration (the "Commissioner") for a license to transact the business of mortgage brokerage as provided by law under the Act;

Now Therefore, the condition of this obligation is such, that if the said Principal shall faithfully conform to, and abide by each and every provision of said Act and of all rules and regulations and orders lawfully made by the Commissioner, and will pay to the Commissioner of Banking, Insurance, Securities and Health Care Administration, State of Vermont, and to any person or persons having a right of action against the Obligors any and all monies that may become due and owing to the Commissioner of Banking, Insurance, Securities and Health Care Administration, State of Vermont, and to such person or persons from said Obligors, under and by virtue of the provisions of the aforementioned Act, then this obligation to be void; otherwise to remain in full force and effect until the Surety is released from liability by the Commissioner, subject, however, to the following conditions:

1. The Surety may cancel this bond sixty days from date of receipt of written notice sent by registered mail to the Principal and the Commissioner, but no such cancellation shall affect any liability which arises from acts or omissions which occur prior to the termination of such sixty-day period.
2. The State has the exclusive right to proceed on this bond against the Principal or Surety hereon or both to recover any and all moneys that may become due or owing.
3. The Surety shall within five business days of receipt of notice by the Surety of any claim or upon making any payment hereon, notify said Commissioner of same by registered mail.

In Witness Whereof, _____ [applicant] and the said _____ as Surety has caused this obligation to be duly executed and its corporate seal to be hereunto attached, duly attested for and on behalf of said surety, on this _____ day of _____, 20__.

Attest:

Secretary or Other Authorized Corporate Officer

By: _____
Principal

By: _____
Surety

(Applicant Seal)

(Surety Seal)

BISHCA 5/2008 MB

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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