

CONTRACTOR'S BOND FOR THE CITY OF DANVILLE, VIRGINIA

BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS THAT WE,

_____, DOING
 (NAME OF PRINCIPAL)

BUSINESS AND TRADING AS _____, WITH OFFICES AT
 _____,
 (ADDRESS- STREET AND NUMBER)

IN _____, AS PRINCIPAL, AND
 _____,
 (CITY, STATE & ZIP)

 (SURETY NAME, OFFICE ADDRESS & STATE OF INCORPORATION)

A CORPORATION AUTHORIZED TO TRANSACT SURETY BUSINESS IN THE COMMONWEALTH OF VIRGINIA, AS SURETY, ARE HELD AND FIRMLY BOUND UNTO THE CITY OF DANVILLE, A MUNICIPAL CORPORATION OF THE COMMONWEALTH OF VIRGINIA, AND UNTO THE CITIZENS, RESIDENTS AND PEOPLE OF THE CITY OF DANVILLE IN THE JUST AND FULL SUM OF _____ () FOR THE PAYMENT WHEREOF, WELL AND TRULY MADE, SAID PRINCIPAL AND SURETY DO, BY THESE PRESENTS, FIRMLY BIND THEMSELVES, THEIR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS JOINTLY AND SEVERALLY,

WHEREAS THE PRINCIPAL DESIRES AND INTENDS TO ENGAGE IN THE BUSINESS OF PERFORMING FOR OTHERS FOR COMPENSATION THE ERECTION, CONSTRUCTION, RENOVATION AND/OR REPAIR OF BUILDINGS AND STRUCTURES AND/OR THEIR SYSTEMS AND/OR EQUIPMENT WITHIN THE CITY OF DANVILLE AND TO MAKE AND ENTER INTO CONTRACTS AND SUBCONTRACTS THEREFORE AND, FOR SUCH PURPOSE, HAS APPLIED OR IS TO APPLY TO THE COMMISSIONER OR REVENUE FOR THE CITY OF DANVILLE FOR A BUSINESS LICENSE TO ENGAGE IN, CONDUCT AND PERFORM SUCH WORK AND BUSINESS AS A LICENSED _____ CONTRACTOR, AND

WHEREAS THE PRINCIPAL IS REQUIRED BY § 9-2 OF THE CODE OF THE CITY OF DANVILLE, VIRGINIA (1986), AS AMENDED, TO POST A BOND SECURING THE CITY AND THIRD PARTIES WITH RESPECT TO THE PRINCIPAL'S PERFORMANCE OF SUCH WORK, CONTRACTS AND SUBCONTRACTS;

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH THAT IF SAID PRINCIPAL AND ITS OFFICERS, AGENTS AND EMPLOYEES SHALL WELL AND TRULY PERFORM THE ABOVE-MENTIONED WORK IN A GOOD AND WORKMANLIKE MANNER, IN FULL COMPLIANCE WITH ALL APPLICABLE ORDINANCES AND REGULATIONS OF THE CITY OF DANVILLE AND THE LAWS AND REGULATIONS OF THE COMMONWEALTH OF VIRGINIA, INCLUDING BUT NOT LIMITED TO THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE, AND SHALL FULLY AND FAITHFULLY CARRY OUT AND PERFORM THE TERMS, COVENANTS, CONDITIONS AND AGREEMENTS OF THE CONTRACTS AND SUBCONTRACTS FOR SUCH WORK, AND SHALL INDEMNIFY AND SAVE HARMLESS THE CITY OF DANVILLE, AS WELL AS ANY OTHER PERSON, FROM AND AGAINST ANY AND ALL DAMAGES AND LOSS ARISING FROM THE NEGLIGENCE, CARELESSNESS, ERROR, OMISSION, FAILURE OR REFUSAL OF THE PRINCIPAL IN THE PERFORMANCE OF SUCH WORK IN ACCORDANCE WITH THE CONTRACTS AND SUBCONTRACTS MADE THEREFORE AND IN

COMPLIANCE WITH THE ORDINANCES, LAWS AND REGULATIONS APPLICABLE THERETO, THEN THIS OBLIGATION TO BE NULL AND VOID; OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT FOR THE BENEFIT OF THE CITY AND OF ANY PERSONS DAMAGED AS AFORESAID,

THIS BOND SHALL BE CONTINUOUS IN FORM AND NATURE, PROVIDED, HOWEVER, THAT THE SURETY MAY CANCEL THE SAME AND BE RELIEVED OF ANY FURTHER LIABILITY HEREUNDER BY GIVING TO THE INSPECTIONS DIVISION OF THE DEPARTMENT OF COMMUNITY DEVELOPMENT OF THE CITY OF DANVILLE, VIRGINIA AT LEAST THIRTY (30) DAYS PRIOR WRITTEN NOTICE OF ITS DESIRE TO DO SO.

SIGNED AND SEALED THIS _____ DAY OF _____, _____

SIGN ONLY AT THE APPROPRIATE SPACE

PARTNERSHIP

PRINCIPAL: _____ (SEAL)
(TYPE NAME OF PARTNERSHIP)

A PARTNERSHIP

BY: _____ (SIGNATURE)
(TYPE NAME OF SIGNING PARTNER)

A GENERAL PARTNERSHIP

WITNESS: _____ (SIGNATURE)
(TYPE NAME OF WITNESS)

CORPORATION

PRINCIPAL: _____
(TYPE FULL NAME OF CORPORATION)

BY: _____ (SIGNATURE)
(TYPE NAME AND TITLE)

(SEAL)
ATTEST: _____ (SIGNATURE)
(TYPE NAME AND TITLE)

SOLE PROPRIETORSHIP

PRINCIPAL: _____ (SEAL)
(TYPE NAME) (SIGNATURE)

DOING BUSINESS AND/OR TRADING AS: _____
(TYPE NAME OF BUSINESS)

WITNESS: _____ (SIGNATURE)
(TYPE NAME OF WITNESS)

SURETY

SURETY: _____
(TYPE FULL CORPORATE NAME)

BY: _____ (SIGNATURE)
(TYPE NAME OF ATTORNEY-IN-FACT)
(SEAL)

(AGENCY NAME) (AGENCY ADDRESS)

AGENT FOR SURETY MUST PROVIDE POWER OF ATTORNEY

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

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235