



**COMMONWEALTH OF VIRGINIA
LOTTERY RETAILER SURETY BOND**

SURETY COMPANY BOND # _____

KNOW ALL MEN BY THESE PRESENTS: That we, _____
as Principal and _____, incorporated
under the laws of the State of _____ and authorized to do business in the
Commonwealth of Virginia, as Surety are held and firmly bound unto the State Lottery
Department. Commonwealth of Virginia, as obligee. in the penal sum of _____
Dollars (_____), lawful money of the United States of America, for which payment, well
and truly to be made, we bind ourselves, our heirs, executors, administrator, successors and
assigns jointly and severally, firmly by these presents.

WHEREAS, the above bound Principal has obtained or is about to obtain from the Obligee, a
license as a Lottery Retailer at the following physical location: _____
_____ and the term of said license shall be for a period
of year effective during the month of the lottery retailer's license approval.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the
above bound Principal shall make payment of all sums due the Obligee for lottery tickets and
proceeds and comply with all statutes, rules, and regulations pertaining to said license, than this
obligation shall be null and void, otherwise to remain in full force and effect.

PROVIDED, that this bond shall be effective on _____
And shall continue in force for one year; unless said bond is continued in force from year to year
by the issuance of a continuation certificate executed by the Surety hereon; and

PROVIDED FURTHER, that regardless of the number of years this bond shall continue in
force, the Surety shall not be liable hereunder for a larger amount, in the aggregate, than the
amount of this bond, and

PROVIDED FURTHER, this bond may be cancelled by the Surety as to subsequent liability by
giving thirty (30) days notice in writing by certified mail to the Director, State Lottery
Department, 900 East Main Street, Richmond, Virginia 23219.

Signed and Sealed this _____ day of _____

(Seal)

By: _____ By: _____

SEE SECOND PAGE FOR ACKNOWLEDGEMENT OF SURETY- RETURN BOTH TO THE VIRGINIA LOTTERY



AFFIDAVIT AND ACKNOWLEDGEMENT OF SURETY
COMMONWEALTH OF VIRGINIA

City/County of _____ To wit:

I, _____, notary public for the Commonwealth of Virginia, attest that _____ appeared before me and made oath or affirmation that he/she is attorney-in-fact of the

_____, that he/she is duly authorized to execute the forgoing bond by virtue of a certain power of attorney said company,

dated _____ and recorded in the Office of the Clerk of the Circuit Court of City/County of _____

In Deed Book No. _____, page _____, that said power of attorney has not been revoked, that said company is legally qualified to do business in Virginia, and that the said _____ thereupon, in the name and on behalf of the said company, acknowledges the foregoing writing as its act and deed.

My term of office expires _____, 20__

Given under my hand this _____ day of _____, 20__

Notary Public

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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