



Washington State Department of
Financial Institutions

Securities Division
PO Box 9033
Olympia, WA 98504-9033
360-902-8760
800-372-8303

INVESTMENT ADVISER SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, That we _____

_____, as principal, and _____

_____ lawfully doing business in the State of Washington, as surety, are held and firmly bound unto the STATE OF WASHINGTON, for the use and benefit of any interested person, in the penal sum of _____ thousand dollars (\$ _____), to be paid to the State of Washington for the use and benefit of any interested person, for which sum well and truly to be paid, said Principal and Surety bind themselves jointly and severally, firmly by these presents:

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT,

WHEREAS, the above bound Principal is desirous of obtaining a license or renewing a license from the Administrator of Securities to carry on business as an Investment Adviser in the State of Washington, and whereas the Administrator of Securities has required the Principal to post a surety bond in lieu of compliance with the net worth rules of WAC 460-24A-170 promulgated under the Securities Act of Washington, ch. 21.20 RCW.

NOW, THEREFORE, if the said Principal shall perform and discharge all obligations imposed on the Principal as an Investment Adviser licensed under the Securities Act of Washington and account for all monies and securities coming into its hands for the use and benefit of investors, then this obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER, UPON THE FOLLOWING EXPRESS CONDITIONS: That every person having a claim for relief under the Securities Act of Washington as amended, may initiate suit in any court of competent jurisdiction against the Principal and/or the surety upon this bond. No suit shall be maintained to enforce liability on this bond unless brought within three (3) years after the sale or other act upon which it is based.

PROVIDED, FURTHER that the obligation on this bond shall commence on the _____

day of _____, and that the Surety shall have the right to withdraw as Surety hereon, by giving the Principal and the Administrator of Securities thirty (30) days written notice of such withdrawal, but the Surety shall not be discharged from any liability incurred or accrued prior to said date of termination.

Investment Adviser Surety Bond
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DATED this _____ day of _____, _____.

Principal

By

Signature and Title

Surety

By

Signature and Title

SAMPLE
INTEGRITYBONDS.COM

(INDIVIDUAL ACKNOWLEDGMENT)

STATE OF _____)
) ss.
COUNTY OF _____)

On this _____ day of _____, _____, before me, a Notary Public within and for the county, personally appeared _____, to me known to be the person described in and who executed the foregoing instrument, as Principal, and acknowledged to me that he/she executed the same as his/her free act and deed.

Notary Public

County State

My Commission expires

(CORPORATE ACKNOWLEDGMENT)

STATE OF _____)
) ss.
COUNTY OF _____)

On this _____ day of _____, _____, before me a Notary Public within and for said county personally appeared, _____, who being first duly sworn, says that he/she is the _____ of _____, Principal herein, and executed the foregoing instrument for and in its behalf, by authority of its Board of Directors, that the seal affixed to the foregoing instrument is the corporate seal of said corporation; and further acknowledged said instrument and the execution thereof to be the voluntary act and deed of said corporation.

Notary Public

County State

My commission expires

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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