



STATE OF WYOMING

DEPARTMENT OF AUDIT

DIVISION OF BANKING

Wyoming Residential Mortgage Practices Act

Dave Freudenthal
Governor

Michael Geesey
Director

Jeffrey C. Vogel
Commissioner

BOND # _____

SURETY BOND FOR MORTGAGE LENDERS AND BROKERS

KNOW ALL MEN BY THESE PRESENTS, that we, _____
as Principal organized and existing under the laws of the State of _____
and _____, a corporation duly incorporated under
the laws of the State of _____, and authorized to do business in the State of Wyoming, as Surety, are
held and firmly bound unto the State of Wyoming in the principal amount of \$ _____
for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators,
jointly and severally, unconditionally by these presents.

In the event that the Principal fails to faithfully perform its obligations with respect to transactions governed under the
Wyoming Residential Mortgage Practices Act (W.S. 40-23-101 through 40-23-123), and any rules promulgated pursuant
thereto, then the surety shall indemnify and pay to the State of Wyoming or a claimant or authorized representative of a
claimant all costs and damages by reason of principals failure to so perform. This bond shall be a continuing obligation of
the Surety. The Surety's liability under this bond for any claim that is made thereunder, either individually, or in the
aggregate, shall in no event exceed the principal amount of the bond.

FURTHER PROVIDED, this bond shall remain effective continuously until released, in writing, by the Commissioner of
Banking. The Surety may request to terminate or reduce its liability hereunder only by giving the Principal and the
Commissioner written notice of such termination via certified mail at least thirty (30) days prior to the effective date of such
termination; provided, however, that no liability incurred while said bond is in force and prior to said effective date of
termination or reduction of liability shall be released or reduced by giving such notice, and

FURTHER PROVIDED, if this bond is not previously terminated as set forth above, the liability of the surety shall expire
two (2) years after the date of the surrender, revocation, or expiration of the subject license, whichever shall first occur.

This bond shall be and remain in full force and effect on and after the _____ day of _____, 20____, and
continuing until cancelled by the Surety or released by the Commissioner in accordance with the provisions of this bond.

Executed by **Principal** on this _____ day of _____, 20____.

Executed by **Surety** on this _____ day of _____, 20____.

Name of Entity (leave blank if individual)

Name of Entity

By: _____
Authorized Signatory to sign for entity/individual

By: _____
Authorized Signatory

Printed/Typed Name (and Title, if applicable) of Signatory

Printed/Typed Name and either "Attorney-in-Fact" or Title of
Signatory

By: _____
Authorized Signatory to sign for entity/individual

Printed/Typed Name (and title, if applicable) of Signatory

Place Surety Seal Here

**Acknowledgements on reverse side must also
be completed**

Acknowledgments

For Principal:

State of _____)
County of _____) ss.

The foregoing instrument was acknowledged before me by, _____
this _____ day of _____, 20____.

Witness my hand and official seal.

Notary Public

My commission expires: _____

(NOTARIAL SEAL)

State of _____)
County of _____) ss.

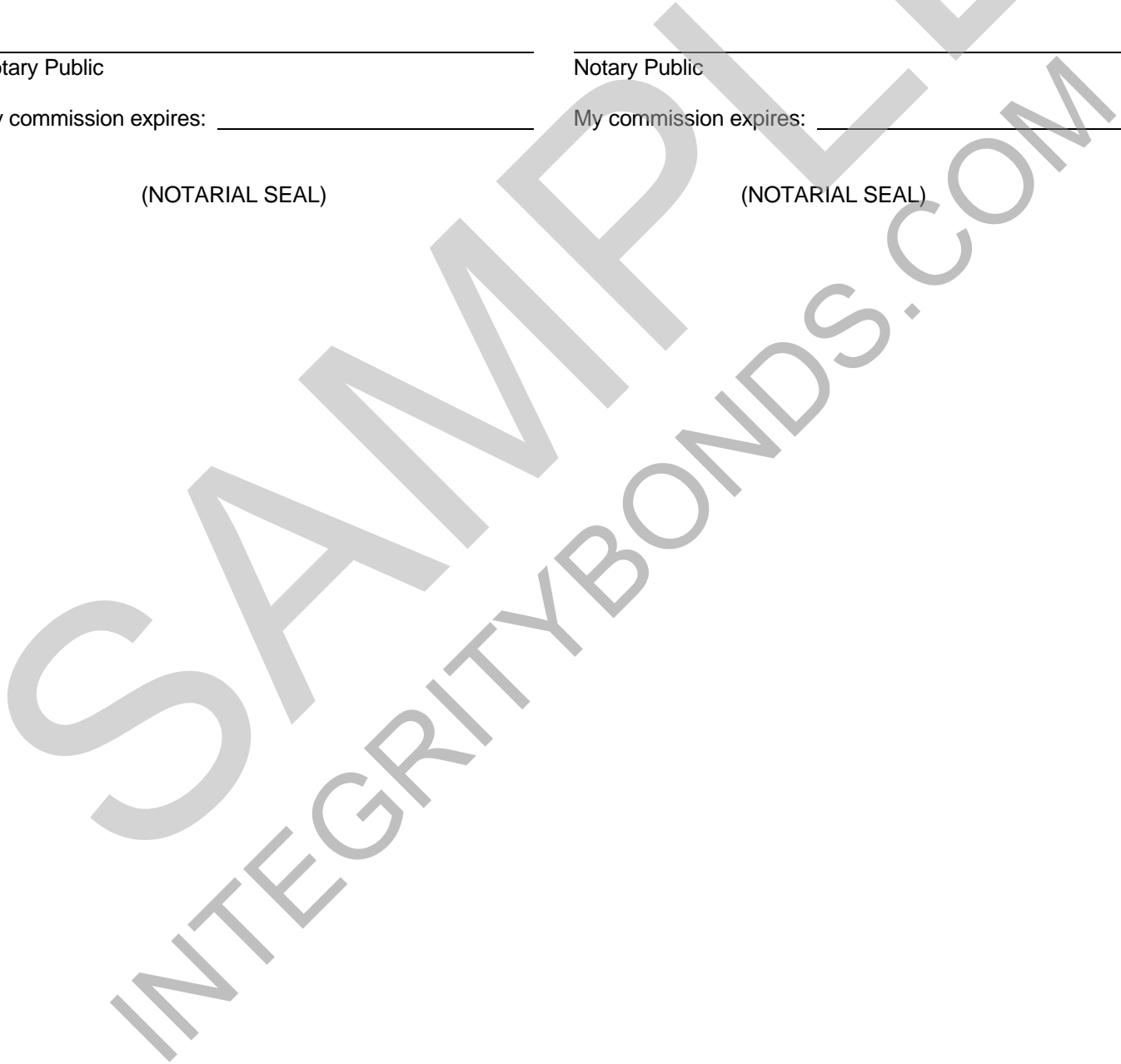
The foregoing instrument was acknowledged before me by, _____
this _____ day of _____, 20____.

Witness my hand and official seal.

Notary Public

My commission expires: _____

(NOTARIAL SEAL)



For Surety:

State of _____)
County of _____) ss.

The foregoing instrument was acknowledged before me by _____
_____ this _____ day of _____, 20 _____.

Witness my hand and official seal.

Notary Public

My commission expires: _____

(NOTARIAL SEAL)

Approved by Attorney General:

SAMPLE
INTEGRITYBONDS.COM

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