UNISOURCEEnergy SERVICES

Account #	Bond #
Know All Men by These Presents, That we	
As Principal and the (Business Name)	, a
(Insurance Company)	
Corporation organized under the laws of the State of	and duly authorized
to transact business under the laws of the State of Arizona, as Surety, are held and firmly	bound unto UNS Electric,
inc., PO Box 711, Tucson, AZ 85702-0711 as Obligee,	
In the sum of:(\$) for which sum,
will and truly be paid, we bind ourselves, our heirs, executors, administrators, successors	and assigns jointly and
severally, firmly by these presents. Sealed with our seals, and	
dated this day of,,	

THE CONDITION OF THIS BOND IS SUCJ THAT, WHEREAS, the UNS Electric, Inc. has been requested to furnish to the Principals electric service and to ensure payment to the UNS Electric, Inc. therefore, a guarantee bond is furnished in lieu of a cash deposit in the above amount to guarantee said payments.

NOW THEREFORE, If said Principal shall pay to the Obligee of charges for electric service, than the obligation of the bond shall become null and void, otherwise to remain in full force and effect.

PROVIDED HOWEVER, that this bond is executed by Principal and Surety and accepted by the Obligee upon the following express conditions which shall be precedent to the right of recovery thereunder:

- 1. The aggregate liability of the Surety shall in no event exceed the penalty of the bond.
- This bond shall be cancelled by the Surety at any time by giving thirty (30) days written notice to the Obligee, in which even the Surety's liability shall at the expiration of said thirty (30) days, terminate. Surety's liability shall be for all charges occurred up to and including cancellation date.
- 3. All suits or claims shall be filled or made again the Surety under this bond within six (6) months of the termination date as determined by paragraph 2.

(Business Name)

(Business Address)

Ву:____

Principal

(Insurance Company Name)

(Insurance Company/Agent Name)

(Insurance Company Address)

(Insurance Company Phone #)

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME:		-	AGENCY CONTACT		
AGENCY PHONE:	AGENCY	FAX:	E-MAIL:		
AGENCY ADDRESS					
(Street)	E LOOKING TO BEAT	?	(City)	(State) (Zip)	
NAME OF PREVIOUS SURETY COMPAN					
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DAT	E:	
OBLIGEE:					
OBLIGEE ADDRESS:					
		(City)	(State)	(Zip)	
APPLICANT'S NAME:		SPOUSE NAME			
SS#:SPC	USE SS#	HOME PHONE:			
RESIDENTIAL ADDRESS:					
BUSINESS NAME:		(City)	(State)	(Zip)	
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail		
BUSINESS ADDRESS:					
(Street) DATE BUSINESS BEGAN UNDER CURREN			(State) BUSINESS TAX ID:	(Zip)	
HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE?	YES 🗌 NO 🗌		_		
HAS APPLICANT EVER FAILED IN BUSINE				YES 🗌 NO 🗌	
		A SEPERATE SHEET O			
IF IES TO ANT,		A SEPERATE SHEET C	JF FAFER.		
SECTION III: ADDITIONAL OWNERS / PAR APPLICANT'S NAME:	INERS	SPOUSE NAME			
SS#:SPC	USE SS#	HOI	ME PHONE:		
RESIDENTIAL ADDRESS:					
(Street)		(City)	(State)	(Zip)	
ASSETS	MENT OF ASSETS &	LIABILITIES AS OF			
CASH IN BANK	\$	NOTES PAYABLE 1		\$	
CASH ON HAND	\$	NOTES PAYABLE T	O OTHERS	\$	
STOCKS & BONDS	\$	ACCOUNTS PAYAE	BLE	\$	
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	\$	•		\$	
	· · ·	SURPLUS & UNDIV		\$	
TOTAL ASSETS	\$	TOTAL LIABILITIES	5	\$	
				\$	
NAME OF OWNERS	NAME & TITLE	OF OFFICERS	PERCENTAGE OF OWN	IERSHIP	

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 Fax: (602) 674-8235

E-Mail info@integritybonds.com