SURETY BOND - MOTOR VEHICLE DEALER REPAIRER/LIMITED REPAIRER, OR LEASING/RENTING CO. K-158 REV. 6-1 0



STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES 60 STATE STREET, WETHERSFIELD, CT 06161

DEALERS & REPAIRERS SECTION

KNOW ALL MEN BY THESE PRESENT:

EFFECTIVE:	
EFFECTIVE:	

SURETY BOND	\$50,000 M.V. DE		RER/LIMITED REPAIRER \$10,0 LEAS	000 SING OR RENTAL CO.	SURETY BOND NO.
LICENSEE	FULL NAME OF	LICENSEE AS PRINCIPAL (Name M	ust Appear as in Records of DMV)		DEALER/REPAIRER/LEASING LIC. NO. (if currently Lic. by DMV)
PRINCIPAL	ADDRESS	No. and Street	City or Town	State	Zip Code
	FULL NAME OF	SURETY COMPANY			
SURETY Company	ADDRESS	No. and Street	City or Town	State	Zip Code
	STATE UNDER	WHOSE LAWS CORPORATION OR	GANIZED AND EXISTING		

The above **Surety**, as duly authorized by law to become surety on bonds of the State of Connecticut, and the above **Principal** are held and firmly bound unto the State of Connecticut in the sum as so specified above to be paid to the State of Connecticut, to which payment the **Principal and Surety** do jointly and severally bind themselves, their heirs, executors, administrators, successors and assigns, and each and every one of them, firmly by these presents,

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT:

WHEREAS, the Principal is an applicant or licensee under the purview of Section 14-52 or Section 14-15, Connecticut General Statutes, and WHEREAS, pursuant to the provisions of Section 14-52(b) or Section 14-15, Connecticut General Statues, the Principal has been required, as a condition to his licensure, to furnish the Commissioner of Motor Vehicles a bond satisfactory to him in the amount of either \$50,000 in the case of a motor vehicle dealer or \$5,000 in the case of a motor vehicle repairer or limited repairer, or \$10,000 in the case of a motor vehicle leasing or renting company conditioned upon the applicant or licensee complying with the provisions of any State or Federal law or regulation relating to the conduct of such business and provided as indemnity for any loss sustained by any person by reason of any acts of the licensee constituting grounds for suspension or revocation of the license or such licensee going out of business. Such bond shall be executed in the name of the State of Connecticut for the benefit of any aggrieved party, but the penalty of the bond shall not be invoked except upon order of the Connecticut General Statutes, This bond shall cover acts and omissions occurring during the period of the license granted to the **Principal**, The aggregate liability under this bond shall not exceed the penal amount,

NOW THEREFORE, if the above bounden Principal shall conduct the business in full compliance with State and Federal law and regulations relating to the conduct of said business, then this obligation shall be void; otherwise to remain in full force and effect.

The Signature of **Principal** and **Surety** must be witnessed by two witnesses each. A current Power of Attorney for the **Surety's** attorney-in-fact must be attached to this bond.

SIGNATURE OF PRINCIPAL	PRINTED NAME AND TITLE OF PRINCIPAL'S SIGNER				
X					
SIGNATURE OF FIRST WITNESS OF PRINCIPAL	PRINTED NAME OF WITNESS OF PRINCIPAL				
Х					
SIGNATURE OF SECOND WITNESS OF PRINCIPAL	PRINTED NAME OF WITNESS OF PRINCIPAL				
X					
SIGNATURE OF ATTORNEY-IN-FACT OF SURETY	PRINTED NAME OF ATTORNEY-IN-FACT OF SURETY				
X					
SIGNATURE OF FIRST WITNESS OF SURETY	PRINTED NAME OF WITNESS OF SURETY				
X					
SIGNATURE OF SECOND WITNESS OF SURETY	PRINTED NAME OF WITNESS OF SURETY				
X					
IN WITNESS WHEREOF, the Principal and Surety have signed and sealed this instrument on					

IEREOF, the Principal and Surety have signed and sealed this instrument on

DAY: | MONTH: | YEAR:

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME:		-	AGENCY CONTAG	СТ
AGENCY PHONE:	AGENCY	AX: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#	HO	ME 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 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