



**Foreclosure Consultant/  
Credit Services Organization Surety Bond**

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Consumer Protection Division  
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Indianapolis, Indiana 46204  
(317) 232-6330

KNOW ALL PERSONS BY THESE PRESENTS:

That we, \_\_\_\_\_, of \_\_\_\_\_  
(Name of Business) (City)

in the state of \_\_\_\_\_, and \_\_\_\_\_  
(Name of Surety)

BOND NUMBER:  
**VALIDATION DATE**  
FROM:  
SURETY PHONE NUMBER:

a corporation organized and existing under and by virtue of the laws of the State of \_\_\_\_\_, and duly authorized to transact the business of indemnity and suretyship in the State of Indiana, for the use and benefit of all persons damaged by the breach of any of the conditions of this obligation, in the sum of \_\_\_\_\_ Dollars, lawful money of the United States for payment of which sum, will and truly to be made, we bind ourselves, our heirs executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:  
WHEREAS, the above bounded Foreclosure Consultant/Credit Services Organization are required by the provisions of IC 24-5-15 to furnish a surety bond in the sum above named, conditioned as herein set forth.

NOW, THEREFORE, if the Foreclosure Consultant/Credit Services Organization shall faithfully comply with the provisions of IC 24-5-15 and shall pay to any person entitled thereto all damages as may be caused to such person by the failure of the Foreclosure Consultant/Credit Services Organization to faithfully comply with the provisions of said Act; and if Foreclosure Consultant/Credit Services Organization shall pay to any person entitled thereto all damages as may be caused to any person together with all penalties provided by IC 24-5-15-9 then this obligation shall be void; otherwise it shall remain in full force and effect.

This bond is subject to the following provisions:

1. Any person who sustains such damages as covered by this bond may bring an action upon this bond; provided, however, that the aggregate liability of the said Surety to all such persons shall, in no event, exceed the amount of the bond.
2. This bond shall be and remain in full force and effect indefinitely, subject however, to cancellation by the Surety giving written notice both to the said Foreclosure Consultant/Credit Services Organization and the Office of the Indiana Attorney General, Consumer Protection Division thirty (30) days prior to the effective date thereof, of its intention to terminate its liability under this bond.
3. Every person who has a cause of action under IC 24-5-15 may bring action upon this bond to enforce any liability on the bond providing, however, that no suit on this bond may be maintained to enforce any liability on this bond unless brought within two (2) years after the act upon which it is based.

Does your company have any pending litigation filed by any state or federal entity concerning Foreclosure Consultant/Credit Service Organization in any other jurisdiction?  Yes  No If yes, please attach.

Does your company go by any other names than the one listed above?  Yes  No  
If yes, what other names? \_\_\_\_\_

I certify (or declare) under penalty or perjury, under the laws of the State of Indiana, that the foregoing is true and correct.

Surety  
By: \_\_\_\_\_  
its: \_\_\_\_\_  
(Title)

Foreclosure Consultant/Credit Services Organization  
By: \_\_\_\_\_  
its: \_\_\_\_\_  
(Title)

# 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>		<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>

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**