

OFFICIAL BOND

No. 1420

KNOW ALL MEN BY THESE PRESENTS, That we _____
of _____ as Principal,
and _____ as Surety,
are held and firmly bound unto **The State of Indiana** and for the benefit of persons concerned or aggrieved, in
the penal sum of _____ **and No/100-----** (_____)

Dollars, to the payment of which well and truly to be made, we bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents. Sealed with our seals, and dated this _____
day of _____ A.D. _____ The condition of the above obligation is as follows:

NOW THE CONDITION OF THIS OBLIGATION IS SUCH,

WHEREAS, the above named and bounden _____
has been duly elected and commissioned or appointed _____ in and
for _____ County, in the State of Indiana, aforesaid, for the term beginning
from the _____ and until his successor is duly qualified

Now, if the said _____ shall faithfully
perform and discharge his duties as such _____ and pay over on demand to the persons entitled or
authorized to receive the same, all moneys that may come into his hands as such _____ during his
continuance in office; and further, that the Legislature may change, modify or repeal any law now in
force, and exact any and all laws during the existence of the above obligation at the pleasure of the Legislature,
without in any way or manner releasing the said officer or his said securities on said bond; then, and in that
case, the above obligation shall cease., be null and void, otherwise to be and to remain in full force and virtue
in law.

[Seal] _____ [Seal]

[Seal] _____ [Seal]

[Seal] _____ [Seal]

[Seal] By _____ [Seal]
Attorney-In-Fact

Accepted and approved this _____ day of _____,

State of Indiana, _____ **County, ss:**

Personally appeared before me, _____
in and for said County and State aforesaid, _____
who being sworn, upon his oath says: "I will support the Constitution of the United States and of the State of
Indiana, and I will faithfully, honestly and impartially discharge the duties of the office of
_____ to the best of my skill and ability."

Subscribed and sworn to before me, this _____ day of _____,

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of
said _____ at _____
this, the day and year above written.

I, _____, of the _____
_____ do certify the above to be a true and correct copy of the official
oath of _____
in and for said County as the same is endorsed on his commission.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said
_____, at _____, this _____
day of _____, A. D. _____

ACKNOWLEDGMENT OF PRINCIPAL

STATE OF INDIANA, _____ COUNTY, SS:

Personally appeared before me, _____

principal upon the bond appearing on the reverse side hereof and acknowledges the execution of said bond
This _____ day of _____, _____

Notary Public

Expiration date of commission, if Notary Public

ACKNOWLEDGMENT OF SURETY

STATE OF INDIANA, COUNTY OF _____, SS:

Comes now Travelers Casualty and Surety Company of America by _____
its agent, surety upon the bond appearing on the reverse side hereof and acknowledges the execution of said
bond this _____ day of _____

Notary Public

Expiration date of commission, if Notary Public

This bond is furnished annually at the request of _____ and does not provide cumulating liability regardless of the number of years or number of new bonds provided for this person and position as provided by state law.

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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