UTILITY SERVICE GUARANTY BOND

AMOUNT \$	Utility Acct. No.
	SERVICE NAME
KNOW ALL MEN BY THESE PRESEN	ITS, that,
hereinafter called Principal, and	,
	mly bound unto Westar Energy/Kansas Gas Service, hereinafter called
Obligee, in the aggregate sum of \$	
and truly to be made, we the Principal an successors, assigns and Trustees jointly	d Surety bind ourselves, our heirs, executors, administrators, and severally by these presents.
WHEREAS, the Principal has r	equested and the Obligee has agreed to furnish utility service to the
Principal as owner or occupant of the pre	
applicable rates, rules and regulations for	
	g to accept this Bond in lieu of securing a cash deposit to be made by the ce to be furnished at such premises, or at any and all additional locations e from Obligee.
NOW THEREFORE, if the Princ	ipal shall pay the full amount of all sums that become due the Obligee,
	se to be and to remain in full force and effect.
	ne Surety herein may, if it so elects, terminate its obligation under this en notice of its intention so to do upon the Obligee at its office located at , but the Surety shall nevertheless remain liable after the
•	edness of the Principal to the Obligee accrued prior to the proposed when payment becomes due. Surety's liability shall not exceed the
SIGNED, SEALED AND DELIVER	RED this
	Bond Number
Local Agent for Surety	Principal
	Ву:
Street Address	
City, State, ZIP code	Surety
	Ву:
Telephone (Area Code) (Telephone)	Attorney-in-fact
Bond forms char	nge; this is for educational purposes only.

Form 666 WR (11/92) 12/18/2001

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTACT			
AGENCY PHONE:	AGENCY FAX: E-MAIL:				
AGENCY ADDRESS:					
CURRENT OR EXPIRING QUOTE WE ARE	LOOVING TO PEAT?	,	(City)	(State)	(Zip)
		-			
NAME OF PREVIOUS SURETY COMPANY	WRITING THE BONL)?			
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DA	ΓE:	
TYPE OF COMPANY CORP LLC	DBA PARTNER				
OBLIGEE:					
OBLIGEE ADDRESS: (Street)		(City)	(State)		(7in)
SECTION II: GENERAL INFORMATION		,	(State)		(Zip)
APPLICANT'S NAME:		SPOUSE NAME			
SS#:SPO	USE SS#	HOI	ME PHONE:		
RESIDENTIAL ADDRESS:(Street)		(City)	(8: 1.)		(3:)
BUSINESS NAME:		(City)	(State)		(Zip)
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?		O YOU HAVE ANY LIE GAINST YOU?	NS, CLAIMS, OR JUDG	EMENTS	YES NO
HAS APPLICANT EVER FAILED IN BUSINES	SS? YES 🗌 NO 🗍 H	IAS APPLICANT EVER	FILED BANKRUPTCY?	,	YES NO
					,
IF YES TO ANY. I	PLEASE EXPLAIN ON A	A SEPERATE SHEET C			
·		A SEPERATE SHEET C			
SECTION III: ADDITIONAL OWNERS / PART	NERS	A SEPERATE SHEET O			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI	NERS	SPOUSE NAME	OF PAPER:		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME	OF PAPER:		(Zip)
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM	NERS	SPOUSE NAME HO! (City) LIABILITIES AS OF	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HON (City) LIABILITIES AS OF LIABILITIES	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HO! (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) O BANKS	\$	
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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

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E-Mail info@integritybonds.com