

Office Use Only  
Account code:

49

KENTUCKY TRANSPORTATION CABINET  
Dept. of Vehicle Regulation Division of Motor Carriers  
P.O. Box 2007, Frankfort, KY 40602-2007  
(502) 564-4150 (8:00 AM - 4:30 PM EST)  
Walk-ins 8:00 AM - 4:00 PM  
<http://transportation.ky.gov/dmc>

TC 95-201  
Rev. 4/10

LICENSE # \_\_\_\_\_

BOND # \_\_\_\_\_



**CERTIFIED FUNDS ONLY**

**KENTUCKY HIGHWAY USE BOND**

**CERTIFIED FUNDS ONLY**

No license shall be issued on any application until a bond is posted equal to \$1,000 or four months' tax liability, whichever is greater, not to exceed \$50,000 (see KRS 138.655 through 138.725).

KNOW ALL MEN BY THESE PRESENTS, That we \_\_\_\_\_ of  
Name of User-Principal

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_, As principal, and \_\_\_\_\_ of  
Telephone Number Name of Surety

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Mailing Address City State Zip Code

as surety, are held and firmly bound unto the Commonwealth of Kentucky in the sum of \_\_\_\_\_ dollars,  
for the prompt filing of all reports and the payment of all taxes, well and truly to be made, we bind ourselves, our heirs,  
administrators and assigns firmly by these presents.

The Condition of this obligation is such that whereas the principal is about to become the user of highways in the Commonwealth of Kentucky, and as such user will become obligated to the Commonwealth of Kentucky for the payment of tax, penalties, and interest as provided by KRS 138.655 through 138.725, which impose certain duties, obligations, and liabilities upon users of highways. This obligation includes the use of any vehicle by a lessee of this principal, and the tax due because of such use will be paid by this principal and guaranteed by this surety unless such lessee holds a license from this Department and files regular reports. Upon the failure of the user-principal to timely pay such taxes, the surety hereby agrees to pay such taxes for and on behalf of the user-principal.

NOW THEREFORE, If said \_\_\_\_\_ shall well and truly pay  
Name of User-Principal

and account to the Commonwealth of Kentucky for taxes, penalties, and interest as may become due and owing the Commonwealth of Kentucky by said User-Principal in the amounts and in the manner and at the times required by law, and shall make such quarterly reports as are required by law, and furnish such information as may be required by the Department, and shall keep and preserve open for inspection by the Department such records, papers, and files as the Department may require, and shall fully and faithfully comply with the terms of the law and the regulation issued pursuant thereto, then this obligation shall be void, otherwise to remain in full force and effect. Provided, however, this bond can be terminated by the surety upon written notice to the Department and Principal given by registered mail sixty (60) days in advance.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Attest: \_\_\_\_\_  
Principal

Attest: \_\_\_\_\_  
By \_\_\_\_\_  
Owner or President

**ADDRESS OF SURETY FOR FILING CLAIMS**

Please complete if address shown for surety at right is not the same address where claims should be filed:

Street or P.O. Box Address

City

State

Zip Code

Secretary

Surety

By \_\_\_\_\_

Street or P.O. Box Address

City

State

Zip Code

Telephone

Attest: \_\_\_\_\_  
For Surety

Attest: \_\_\_\_\_  
For Ky. Resident Agent

Kentucky Resident Agent of Surety Company

If using overnight delivery services, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622

# 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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐  
BONDS FOR ANY PURPOSE? AGAINST YOU?  
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>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</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**

**E-Mail [info@integritybonds.com](mailto:info@integritybonds.com)**

**Toll Free: (866) 420-2613**

**Local (480) 626-8916**

**Fax: (602) 674-8235**