

BLANKET BOND FOR AGENTS' PERMIT

STATE OF LOUISIANA BOARD OF REGENTS
 DIVISION OF PLANNING, RESEARCH & PERFORMANCE - PROPRIETARY SCHOOLS
 150 THIRD STREET, SUITE 129 BATON ROUGE, LOUISIANA 70801-1389

NOTE: The form set out below shall be used for all applications submitted on or after May 1, 1973. No detailed form is required for applications submitted prior to that date; however, bond therefore must be in the form meeting the requirements of Louisiana Revised Statutes 17:3141.9.

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____

of the City of _____ State of _____

as Principal, and _____
 (Name of Surety)

a Corporation organized under the laws of the State of _____ and duly authorized to transact business in the State of Louisiana as Surety, are held and firmly bound unto the State of Louisiana, in the penal sum of _____ Dollars (\$1,000 per agent) lawful money of the United States, for the payment of which said Principal and Surety bind themselves, their heirs, administrators, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has applied for an Agent's permit for its solicitors named below under the "Act No. 311 to establish a Proprietary School Commission and to regulate certain Proprietary Schools: approved July 6, 1972," which Act provides for an applicant for an Agent's permit to solicit any prospective students within the State of Louisiana to enroll in an approved school located within or outside the State to file a bond in the sum of One Thousand (\$1,000) Dollars for each agent to provide indemnification to any student suffering loss as a result of any fraud or misrepresentation used by the agent in procuring his enrollment and allows the school to provide a blanket bond covering each of its agents.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall indemnify any person suffering a loss of any fraud or misrepresentation used by the agent in procuring his enrollment and allows the school to provide a blanket bond covering each of its agents.

NOW THEREFORE, the condition of this obligation is such that if the Principal shall indemnify any person suffering a loss as the result of any fraud or misrepresentation used by the Principal's agents listed below in procuring such person's enrollment in a course of instruction, including repayment of tuition fees paid in advance by any student and shall comply with all terms, conditions, provisions and requirements of the aforesaid Act and the regulations adopted by the Proprietary School Commission, and shall save the State of Louisiana harmless from any wrongful act of said Principal, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, however, that the liability of the Surety shall in no event exceed the sum of One Thousand (\$1,000) Dollars in the aggregate for any and all claims hereunder with respect to the acts of anyone of the below-named agents:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If the Surety herein shall so elect this bond may be cancelled at any time by the Surety herein filing with the Proprietary School Commission of the State of Louisiana a thirty (30) day written notice of such cancellation, but said Surety so filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue hereunder before the expiration of said thirty (30) day period.

SIGNED, SEALED AND DATED THIS _____ day of _____

(Principal)

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

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235