



**State of Louisiana  
Board of Regents**

Division of Planning, Research &  
Performance  
Proprietary Schools  
P.O. Box 3677  
Baton Rouge, LA 70821-3677

**Blanket Bond for Solicitor(s) Permit**  
*(Purchased by School for one or more Solicitors)*

PLEASE TYPE OR PRINT

BOND NO. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_  
*(Name of Proprietary School)*

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 Solicitor) 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 a Solicitor's Permit for its solicitors under RS 17:3141.9 which provides for an application for a Solicitor'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 solicitor to provide indemnification to any student suffering loss as a result of any fraud or misrepresentation used by the solicitor in procuring his enrollment and allows the school to provide a blanket bond covering each of its solicitors.

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 solicitor in procuring his enrollment and allows the school to provide a blanket bond covering each of its solicitors.

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 solicitors 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 Board of Regents, 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 Dollars (\$1,000) in the aggregate for any and all claims hereunder with respect to the acts of anyone representing as a solicitor.

Bond forms change; this is for educational purposes only.

**BLANKET BOND FOR SOLICITOR(S) PERMIT**

If the Surety herein shall so elect this bond may be cancelled at any time by the Surety herein filing with the Board of Regents 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 \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Principal  
(Name of School)*

\_\_\_\_\_  
*Attorney-in-Fact*

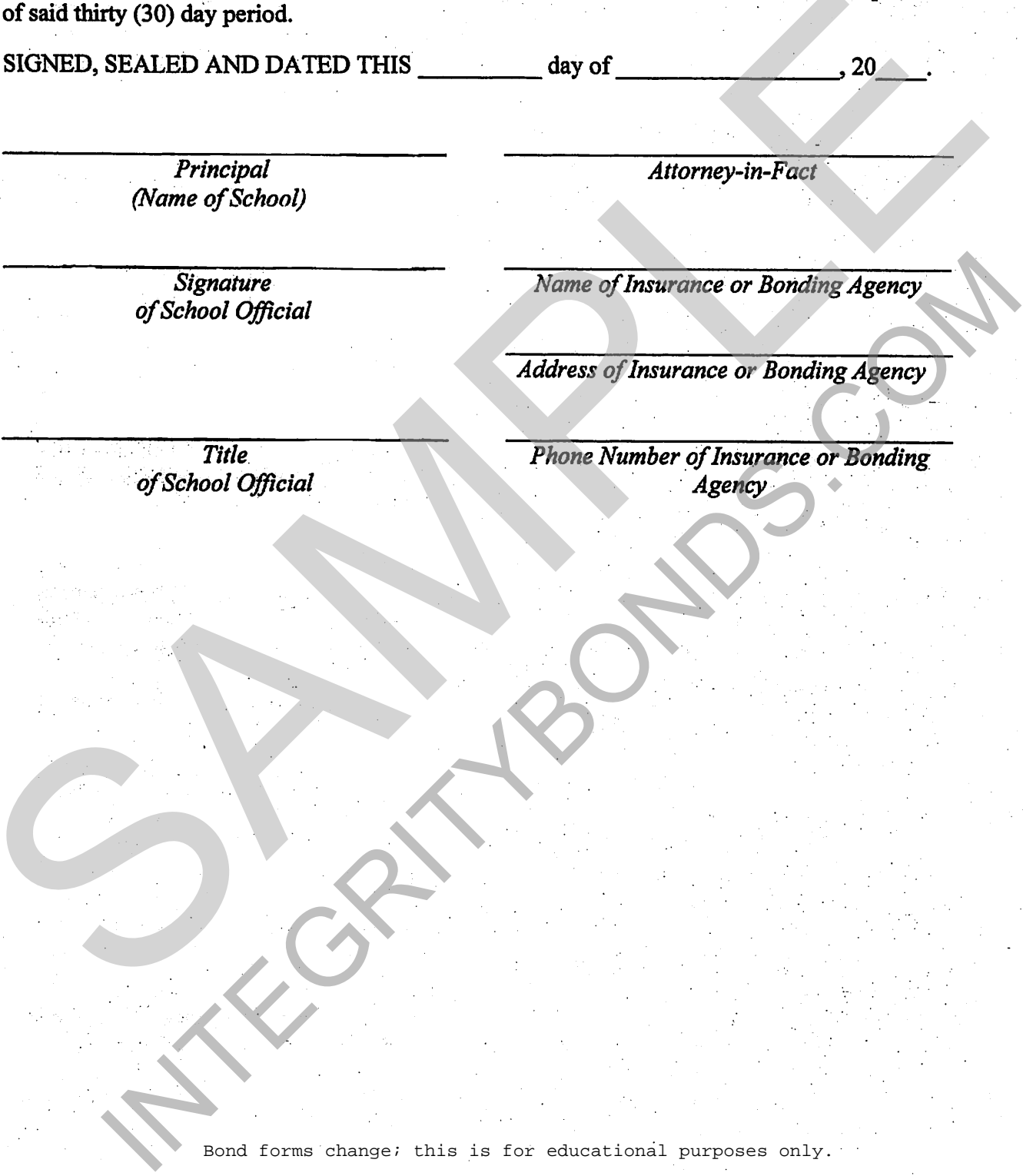
\_\_\_\_\_  
*Signature  
of School Official*

\_\_\_\_\_  
*Name of Insurance or Bonding Agency*

\_\_\_\_\_  
*Address of Insurance or Bonding Agency*

\_\_\_\_\_  
*Title  
of School Official*

\_\_\_\_\_  
*Phone Number of Insurance or Bonding  
Agency*



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# 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](mailto:info@integritybonds.com)**

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