

NOTARY BOND -  
MONTANA

**Bond**

KNOW ALL BY THESE PRESENTS, That \_\_\_\_\_  
of \_\_\_\_\_ in \_\_\_\_\_  
County, Montana, as Principal, and \_\_\_\_\_, a  
\_\_\_\_\_ corporation, duly licensed to transact business as a corporate surety in the  
State of Montana, as Surety, are held and firmly bound unto the State of Montana in the penal sum of Five  
Thousand Dollars, for the payment of which well and truly to be made we bind ourselves, our heirs, executors  
and administrators, jointly and severally, firmly to these presents:

Sealed with our seals and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WHEREAS, the above bound Principal has made application to the Secretary of State of Montana to be  
appointed a Notary Public in and for the State of Montana:

NOW, THEREFORE, THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That if the said Principal  
shall receive said appointment as Notary Public and if he (or she) shall well, truly and faithfully perform all  
official duties required of him (or her) by law, and also such additional duties as may be imposed upon him (or  
her) by any law of the State subsequently enacted, and will account for and pay over and deliver to the person  
or officer entitled to receive the same all money or other property that may come into his (or her) hands as  
Notary Public, then this obligation is to be void and of no effect; otherwise to remain in full force and effect.

\_\_\_\_\_  
Principal

COUNTERSIGNED:

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Licensed Resident Agent

By \_\_\_\_\_  
Attorney-in-Fact

\_\_\_\_\_  
Address

**WARNING**

**READ BEFORE EXECUTING**

**Bond**

At the time of appointment, a Notary Public must be at least eighteen (18) years of age, must be a citizen of the United States and the State of Montana for at least one (1) year and must continue to reside within Montana during the term of the Commission. The term of office of a Notary Public commences at the time of commissioning by the Secretary of the State of Montana (not the date of the bond) and continues for a period of four (4) years thereafter.

OATH OF OFFICE  
OF  
NOTARY PUBLIC

STATE OF MONTANA

County of \_\_\_\_\_ } ss.

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support, protect and defend the constitution of the United States, and the constitution of the State of Montana, and that I will discharge the duties of my office of Notary Public for the State of Montana, with fidelity (so help me God).

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of Montana

Residing at \_\_\_\_\_, Montana

My Commission Expires: \_\_\_\_\_

Notary Public Bond  
Bond of

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**Notary Public In and for the  
State of Montana**

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Approved \_\_\_\_\_, \_\_\_\_\_

File \_\_\_\_\_, \_\_\_\_\_

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Secretary of State

By \_\_\_\_\_ Deputy

# 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**