

BOND _____

MASSACHUSETTS FOOD AND NUTRITION SERVICE U.S.D.A.

KNOWN ALL MEN BY THESE PRESENTS WHAT WE:

as Principal, and _____

a corporation organizes and existing under the last of the State of Nebraska and authorized to transact business in the State of Massachusetts as Surety, are held and firmly bound unto the Food and Nutrition Service, U.S. Department of Agriculture as Oblige, in the sum of one thousand and 00/100 dollars (\$1,000.00) lawful money of the United States of America, to be paid to the said obligee or its successors, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assignors, jointly and severally, firmly by these presents.

SEALED WITH OUR SEALS and dated this _____ day of _____

WHEREAS, THE ABOVE bounded Principal has been or is about to receive a permit or to be duly authorized licensed as an authorized retailer by the Oblige in accordance with the rules and regulation of the said Oblige. This bond is to ensure the ability of the USDA-FNS to collect payment of any fiscal claim assessed by the FNS against the firm, for the firm's participation in the Food Stamp Program.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is such, that is the said Principal shall well and truly indemnify and save harmless the Oblige from all damages or claims for damages caused by him or his agents arising out of any work done under and by virtue of such permit or license during the period from _____ to _____ then this obligation to be null and void; otherwise to be and remain in full force and effect.

The Surety may cancel this bond any time by filing with the Oblige thirty (30) days written notice of its desire to be relieved of liability. The Surety shall accure hereunder before the expiration of the thirty-day period.

This bond also has enclosed the following conditions of this bond.

"This instrument is to ensure the ability of the Food and Nutrition Service, U.S. Department of Agriculture, to collect payment of any fiscal claim assessed by FNS against the aforementioned firm, for the firm's participation in the federal food stamp program in accordance with Section 278.1(b)(4) of the food stamp program regulations."

It is understand and agreed by all parties listed below that this bond should be placed in full force and affect with all conditions herein, this _____ day of _____ 2003

Bond forms change; this is for educational purposes only.

PRINCIPAL

SURETY

PRINCIPAL'S SIGNATURE

SURETY SIGNATURE

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

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Local (480) 626-8916

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