NM Real Estate Appraisers Board APPRAISAL MANAGEMENT COMPANY REGISTRATION



STATE OF NEW MEXICO

Board of Real Estate Appraisers APPRAISAL MANAGEMENT COMPANY SURETY BOND

Amount:	\$10,000.00				
Bond No:		_			
KNOW ALL N	MEN BY THESE PRESENTS:				1
That			as	principal,	DBA:
	0:	f		(City	/State),
and		a corporation	organized u	under the law	s of the
State of	and o	duly authorized to conduct	surety insur	rance busines	s in the
State of New M	Mexico as Surety, are held and	d firmly bound unto the Sta	te of New N	Mexico (herei	n called
the Obligee) in	the penal sum of TEN THOU	SAND AND NO/100 DOL	LARS (\$10.	,000.00) to be	paid to
the Obligee for	the benefit of any persons wh	o may have a cause of actio	n against sa	id Principal or	r Surety
for which pay	yment, well and truly to be	made, we hereby bind	ourselves, o	our heirs, ex	ecutors,
administrators,	successors, and assigns, and jo	ointly and severally.			
The co	ondition of this obligation is su	uch that if the Principal is g	granted licer	nsure as a Re	gistered
Appraisal Mar	nagement Company and com	oplies with the provisions	of the Ap	praisal Mana	igement
Company Regi	istration Act, NMSA 1978, §	§ 47-14-1 to -23 (2009, as	amended th	rough 2010)	and all
regulations ena	acted subject to the Act, then	this obligation is to be n	ull and voice	d; otherwise,	it shall
remain in full f	Force and effect, subject to the	following express conditions	s:		

New Mexico Regulation and Licensing Department BOARDS AND COMMISSION DIVISION

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- 1. The total aggregate liability of this bond is limited to the sum of Ten Thousand Dollars (\$10,000.)
- 2. This bond shall continue in force and effect for the duration of the registration unless the Surety shall serve thirty (30) days written certified notice to the Obligee of its right to terminate this bond. Such cancellation by the Surety is effective thirty (30) days after mailing written certified notice of cancellation to the Obligee.

The effective date of this bond shall be	
Principal	Surety
By:	
Attorney-in-Fact)	
(ATTACH POWE)	R OF ATTORNEY TO BOND)
BOND ACK	NOWLEDGEMENT FORM
Acknowledgement of Principal COUNTY OF	
The foregoing instrument was acknowledged 20,	before me thisday of,
By(Name of Attorney in Fact)	as Attorney of
(Name of Attorney in Fact)	(Name of Principal)
My Commission Expires:	NOTARY PUBLIC
Acknowledgement and Justification of Sur	ety
The foregoing instrument was acknowledged 20,	before me this day of,
By as	Attorney in Fact on behalf of
	(Name of Individual)
	as a Surety.
(Name of Corporation)	as a survey.

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SAMPLE POWER OF ATTORNEY	
STATE OF	
COUNTY OF	•
On this day of	,, before me personally
appeared	known to me to be the
Attorney-in-fact of the	Company, the
corporation described in, which execute	d the within and foregoing bond for
	(Principal) as a Surety thereon and who being by me
duly sworn, deposes and says that he is	the Attorney-in-fact of said Company and knows the corporate
seal thereof; that the said Surety Compa	ny,
	, is duly and legally incorporated
under the laws of the State of	, that the seal affixed by order and authority of the
Board of Directors of said Company and	d that he signed his name thereto by like order and authority as the
Attorney-in-fact of said Company, and l	by order and authority of said Board of Directors; that the assets of
said Company unencumbered and liable	to execution, exceed its claims, debts and liabilities of every
nature except capital of more than the su	um of \$10,000.00; that the said Surety Company,
	, has complied with all the laws of the
State of New Mexico relating to the Sur	ety Companies doing business in the State of New Mexico and is
duly licensed and authorized by such Sta	ate to qualify as sole surety on the bond hereto annexed.

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTACT			
GENCY PHONE: AGEN		FAX:	E-MAIL:		
AGENCY ADDRESS:					
CURRENT OR EXPIRING QUOTE WE ARE	LOOVING TO PEAT?	,	(City)	(State)	(Zip)
		-			
NAME OF PREVIOUS SURETY COMPANY	WRITING THE BONL)?			
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DA	ΓE:	
TYPE OF COMPANY CORP LLC	DBA PARTNER				
OBLIGEE:					
OBLIGEE ADDRESS: (Street)		(City)	(State)		(7in)
SECTION II: GENERAL INFORMATION		,	(State)		(Zip)
APPLICANT'S NAME:		SPOUSE NAME			
SS#:SPO	USE SS#	HOI	ME PHONE:		
RESIDENTIAL ADDRESS:(Street)		(City)	(8: 1.)		(3:)
BUSINESS NAME:		(City)	(State)		(Zip)
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?		O YOU HAVE ANY LIE GAINST YOU?	NS, CLAIMS, OR JUDG	EMENTS	YES NO
HAS APPLICANT EVER FAILED IN BUSINES	SS? YES 🗌 NO 🗍 H	IAS APPLICANT EVER	FILED BANKRUPTCY?	,	YES NO
					,
IF YES TO ANY. I	PLEASE EXPLAIN ON A	A SEPERATE SHEET C			
·		A SEPERATE SHEET C			. LO _ NO _
SECTION III: ADDITIONAL OWNERS / PART	NERS	A SEPERATE SHEET O			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI	NERS	SPOUSE NAME	OF PAPER:		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME	OF PAPER:		(Zip)
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM	NERS	SPOUSE NAME HO! (City) LIABILITIES AS OF	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HON (City) LIABILITIES AS OF LIABILITIES	ME PHONE: (State)		
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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

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E-Mail info@integritybonds.com