

**SURETY BOND  
FOR BRINE TRANSPORTATION SYSTEM  
(Form 18)**

KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_ of \_\_\_\_\_  
*(principal)* *(permanent address)*

County of \_\_\_\_\_, State of \_\_\_\_\_, as Principal,  
and \_\_\_\_\_ as Surety,  
*(name of surety)* *(address)*

are held and firmly bound unto the People of the State of Ohio in the sum of FIFTEEN THOUSAND DOLLARS (\$15,000.00), to the payment whereof the said Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

WHEREAS, the above-named Principal has applied to the Department of Natural Resources, Division of Oil and Gas Resources Management of the State of Ohio for a registration certificate to operate an OIL FIELD BRINE TRANSPORTATION SYSTEM.

NOW, THEREFORE, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if the Principal herein shall fully comply with Sections 1509.22, 1509.222, or 1509.223 of the Ohio Revised Code as amended or enacted by an Act entitled, "Amended Substitute House Bill Number 501," (effective April 12, 1985), and amendments thereto, or any rules, orders, or terms and conditions of registration certificates issued by said Department pursuant to the above provisions, said Act and all amendments thereto and said rules, orders, and terms and conditions of registration certificates hereby specifically referred to and by reference made a part hereof, so that no damage to person, property, or both, occurs as a results of a violation of the above provisions, then this obligation shall be null and void; otherwise to remain in full force and effect.

The principal desiring to terminate its registration must furnish proof satisfactory to the Department of Natural Resources, Division of Oil and Gas Resources Management, that it has fully complied with the terms and conditions of this bond.

The Surety must notify the Division of Oil and Gas Resources Management of intent to cancel by giving a thirty (30) day notice in writing to the Division. The notice shall be forwarded to the Division by certified mail – return receipt requested. If this bond is substituted for any prior bond carried or security pledged to the State by the Principal or by any predecessor in interest of the Principal which prior bond is terminated, canceled, returned or allowed to expire as of the time of such substitution, the Surety agrees that this bond applies to a loss sustained by, or caused to, persons, property, or both, as a result of a violation of Sections 1509.22, 1509.222 or 1509.223 of the Ohio Revised Code by Principal, as the case may be, prior to or during the period that this bond is in effect, provided that such loss is discovered after the beginning of the bond period and prior to the cancellation of this bond as an entirety and that such loss would have been recoverable by the Persons suffering such loss under such prior bond.

In no event shall the surety be liable for a greater sum than the penalty of this bond. However, payment in part of the face amount of this bond shall not constitute extinguishments of the obligation of surety hereunder, absent notification  
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(Rev. 04/2012)

of cancellation of the bond received by the Division of Oil and Gas Resources Management in the manner prescribed in the preceding paragraphs. In no event shall Principal continue to operate an OIL FIELD BRINE TRANSPORTION SYSTEM WITHOUT SECURING AND MAINTAINING A SURETY BOND TO SUCCEED A BOND CANCELED FOR ANY REASON (INCLUDING BUT NOT LIMITED TO PAYMENT OF THE FACE AMOUNT OF THE BOND BY SURETY OR FAILURE OF PRINCIPAL TO PAY PREMIUNS ON THIS BOND).

IN WITNESS WHEREOF, we have hereunto set our respective hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

PRINCIPAL (PRINTED NAME)	SURETY (PRINTED NAME)
State of _____	State of _____
County of _____, ss:	County of _____, ss:
The foregoing bond was acknowledged before me this _____ day of _____, 20____,	The foregoing bond was acknowledged before me this _____ day of _____, 20____,
on behalf of _____ (Principal)	on behalf of _____ (Surety)
by _____ (Authorized Agent)	by _____ (Authorized Agent)
NOTARY PUBLIC	NOTARY PUBLIC
(SEAL) _____	(SEAL) _____
Date Commission Expires _____	Date Commission Expires _____

A CERTIFICATE OF COMPLIANCE SIGNED BY THE SUPERINTENDENT OF INSURANCE OF OHIO, MUST BE ATTACHED TO THIS BOND. WHEN PRINCIPAL OR SURETY EXECUTES THIS BOND BY AGENT, POWER OF ATTORNEY OR OTHER EVIDENCE OF AUTHORITY MUST BE ATTACHED.

Bond forms change; this is for educational purposes only.

# 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**

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