## CONSTRUCTION INDUSTRIES BOARD LICENSE BOND STATE OF OKLAHOMA

Bond Number

Effective date

## **KNOW ALL MEN BY THESE PRESENTS:**

That we,\_\_\_\_\_\_\_, as a PRINCIPAL, and \_\_\_\_\_\_, as SURETY, a corporation duly licensed to do business in the State of Oklahoma, are held and firmly bound unto THE STATE OF OKLAHOMA, ex rel. CONSTRUCTION INDUSTRIES BOARD, as OBLIGEE, in the penal sum of

Five Thousand and no/100 (\$5,000.00) dollars

For each type of license indicated below, payment of which sum or sums we hereby bind ourselves, our heirs, personal representatives, successors and assigns, jointly and severally, upon demand of OBLIGEE.

THE CONDITIONS of this Bond are such that said PRINCIPAL has applied for or has been issued a license by OBLIGEE as a

\_\_\_\_\_ Mechanical Contractor

**Plumbing Contractor** 

\_\_\_\_\_ Electrical Contractor

NOW, THEREFORE, the Conditions of this obligation are such that if said PRINCIPAL shall fully and faithfully comply with the provisions of the laws, rules and regulations governing the authority to do and perform the business authorized by said license (s) then this obligation shall be non-payable to OBLIGEE, and shall remain in full force and effect until such time as this obligation of SURETY is cancelled.

(other)

THE SURETY may cancel this bond and its continuing obligation hereunder at any time by filing written notice with the OBLIGEE thirty (30) days prior to the date thereof. Upon cancellation the SURETY shall not be discharged nor relieved of or from any claim or liability accrued or accruing by reason of any violation of any law, rule or regulation by PRINCIPAL prior to the effective date of cancellation. Cancellation by the SURETY shall have no effect upon the obligations or liabilities of the PRINCIPAL to any person, party or OBLIGEE.

	(PRINCIPAL)	
(Agent)	(SURETY)	
/:	BY:	
Bond forms change; t	this is for educational purposes only.	

## INTEGRITY SURETY BOND APPLICATION

AGENCY NAME:	AGENCY FAX:		AGENCY CONTAG	_ AGENCY CONTACT	
AGENCY PHONE:			E-MAIL:		
AGENCY ADDRESS					
(Street)	E LOOKING TO BEAT	?	(City)	(State) (Zip)	
NAME OF PREVIOUS SURETY COMPAN					
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DAT	E:	
OBLIGEE:					
OBLIGEE ADDRESS:					
		(City)	(State)	(Zip)	
APPLICANT'S NAME:	SPOUSE NAME				
SS#:SPC	USE SS#	# HOME PHONE:			
RESIDENTIAL ADDRESS:					
BUSINESS NAME:		(City)	(State)	(Zip)	
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail		
BUSINESS ADDRESS:					
(Street) DATE BUSINESS BEGAN UNDER CURREN			(State) BUSINESS TAX ID:	(Zip)	
HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE?	YES 🗌 NO 🗌		_		
HAS APPLICANT EVER FAILED IN BUSINE				YES 🗌 NO 🗌	
		A SEPERATE SHEET O			
IF IES TO ANT,		A SEPERATE SHEET C	JF FAFER.		
SECTION III: ADDITIONAL OWNERS / PAR APPLICANT'S NAME:	INERS	SPOUSE NAME			
SS#:SPC	SPOUSE SS#		HOME PHONE:		
RESIDENTIAL ADDRESS:					
(Street)		(City)	(State)	(Zip)	
ASSETS	MENT OF ASSETS &	LIABILITIES AS OF			
CASH IN BANK	\$	NOTES PAYABLE 1		\$	
CASH ON HAND	\$	NOTES PAYABLE T	O OTHERS	\$	
STOCKS & BONDS	\$	ACCOUNTS PAYAE	BLE	\$	
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	\$			\$	
REAL ESTATE	\$	OTHER LIABILITIES \$			
OTHER ASSETS	\$	¥		\$	
	· · ·	SURPLUS & UNDIVIDED PROFITS \$			
TOTAL ASSETS	\$	TOTAL LIABILITIES	5	\$	
				\$	
NAME OF OWNERS	NAME & TITLE	OF OFFICERS	PERCENTAGE OF OWN	IERSHIP	

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 Fax: (602) 674-8235

E-Mail info@integritybonds.com