

STATE OF OKLAHOMA
 OKLAHOMA BOARD OF PRIVATE VOCATIONAL SCHOOLS
 3700 N. CLASSEN BOULEVARD, SUITE 250
 OKLAHOMA CITY, OKLAHOMA 73118-2864
 PHONE: 405-528-3370



PRIVATE SCHOOL BOND

KNOW ALL MEN BY THESE PRESENTS: NO: _____

That we, _____, d/b/a _____
 (Owner) (School)

of _____, as Principal, and _____
 (City & State) (Surety Company)

authorized to do business in the State of Oklahoma, as surety, are held and firmly bound into the State of Oklahoma in the sum of:

_____ Dollars (\$ _____)

lawful money of the United States of America, for the payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns, firmly by these present.

WHEREAS, under 70 O.S. Section 21-101 et seq, as amended, the above name private school is required to be licensed by the Oklahoma Board of Private Vocational Schools before it may operate as a private school; the private school hereby files a bond as required by 70 O.S. Section 21-106 (B).

NOW, THEREFORE, the condition of this obligation is such that if said Principal shall faithfully perform each and all of the terms and conditions of all contracts entered into between said Principal and all persons enrolling in said private school, then this obligation shall be null and void; otherwise to remain in full force and effect.

Period of coverage beginning _____,

and continuing through _____.

Witness our hands and seals this _____ day of _____.

Principal (Corporate Seal) Name of Surety (Surety Seal)

Signature of School Owner or Corp. Officer Signature of Attorney-In-Fact

Typed Name & Position Typed Name of Attorney-In-Fact

On this _____ day of _____, _____, appeared before me _____ (Attorney-In-Fact) a person known by me to be one and the same individual as the person by the same name designated as attorney-in-fact on the attached Power-of-Attorney; and,

Being duly sworn, the said person did under oath state that the said power-of-attorney is now in full force and effect; whereupon, the said power-of-attorney did sign this surety bond in my presence.

State of _____ Notary Public

County of _____ Commission Number _____

My Commission Expires: _____,

(Notary Seal)

Signature of State Agent for Surety _____

Typed Name of State Agent for Surety _____

Address of State Agent for Surety _____

(Accompany this Bond with Attorney-In-Fact's Power of Attorney)

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	\$
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

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235