

STATE OF OKLAHOMA
 OKLAHOMA DEPARTMENT OF PUBLIC SAFETY
 SIZE AND WEIGHT PERMIT DIVISION
 P.O. BOX 11415
 OKLAHOMA CITY, OKLAHOMA 73136-0415
 (BOND FORM)

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS:

That I, we, or either of us doing business under the name of _____ with the principal place of business at _____, as PRINCIPAL, and _____ a corporation duly incorporated under the laws of _____ and authorized to transact business within the State of Oklahoma, as Surety, are all held and firmly bound unto the State of Oklahoma, and to the Department of Public Safety as the official collector of special permit fees required by the laws of the State of Oklahoma, in the sum of _____ Dollars, (\$ _____) for the payment of which, well and truly to be made, the said Principal and Surety bind themselves, their successors, heirs and assigns, jointly and severally, by these presents:

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH, that

WHEREAS, the said Principal is a user of special permits in the State of Oklahoma, as defined by the laws of the State of Oklahoma;

NOW THEREFORE, if the said Principal shall, while this bond is in force and effect, beginning on the _____ day of _____, 20____, will and truly pay, or cause to be paid, any and all permit fees thereon due the State of Oklahoma, (the amount due to be ascertained by the Oklahoma Department of Public Safety, Size & Weight Permit Division, whose records shall be final and conclusive in any action upon said bond to enforce liability thereunder), and all shall comply with all the provisions of the laws of the State of Oklahoma and the rules and regulations of the Oklahoma Department of Public Safety, then this obligation shall be null and void; otherwise, to remain in full force and effect.

This bond may be terminated by the surety, upon its giving thirty (30) days notice of this intention of termination, such notice to be in writing stating when the cancellation shall take effect and served on or sent by certified mail to the Department of Public Safety, Size & Weight Permit Division.

IN TESTIMONY WHEREOF, the said Principal has executed this bond by signing his/her name hereto, or caused it to be signed by its President, and attested by its Secretary, and its corporate seal to be hereto affixed; or the said Surety has caused its corporate seal to be hereto affixed and by signing his/her name as Attorney-in-Fact.

Signed and sealed this _____ day of _____, 20____.

Principal

(CORPORATE SEAL)

By _____
President

ATTEST AND WITNESS:

Secretary

Surety

Bond forms change; this is for educational purposes only.

(SURETY SEAL)

By _____
Attorney-in-Fact

ATTEST:

Countersigned _____
Oklahoma Resident Agent

Assistant Secretary

ORIGINAL

FILL THIS IN ▼
 Monthly Statement for Permits
 Bill To: _____

 Phone: _____

FOR DEPARTMENT USE ONLY
Approved this _____ day of _____,
20 _____.
BY: _____

FILL THIS IN ▼
 Claims Agent for Surety:

 Phone: _____

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

E-Mail info@integritybonds.com

Fax: (602) 674-8235