

**OKLAHOMA
SURPLUS LINES INSURANCE BROKER'S
INSURANCE BOND**

No. _____

KNOW ALL MEN BY THESE PRESENTS, that I _____
(hereinafter called Principal), and the _____, as Surety, at _____, are held and firmly bound unto the Insurance Commissioner of the State of Oklahoma (hereinafter called obligee), as obligee, in the amount required by the following schedule, \$ _____ good and lawful money of the United States of America, for the payment of which well and truly to be made, we hereby bind ourselves, our successors and assigns, jointly and severally, firmly by these presents.

AMOUNT OF BOND	
Estimated Gross Premium	Amount of Bond Required
Based on Previous Year	
\$1,000,000 and above	\$40,000
500,000 to 999,999	\$35,000
250,000 to 499,999	\$30,000
100,000 to 249,999	\$25,000
75,000 to 99,999	\$20,000
50,000 to 74,999	\$15,000
25,000 to 49,999	\$10,000
Everything below 25,000	\$ 5,000

WHEREAS, Principal has made application to the Insurance Commissioner of the State of Oklahoma for a license as a Surplus Lines Broker in accordance with the provisions of the Oklahoma Insurance Code, (Title 36, Oklahoma Statutes, Sections 101 et seq.).

NOW, THEREFORE, the condition of the obligation is such that if Principal will conduct business under said license in accordance with the provisions of said Oklahoma Insurance Code, then this obligation shall be null and void; otherwise to remain in full force and effect, subject, however, to the following conditions:

1. The Surety will immediately notify the Insurance Commissioner of any changes in the amount or parties to this bond.
2. This bond may be canceled and the Surety relieved of all further liability hereunder by the Surety's filing thirty (30) days prior written notice thereof with the Insurance Commissioner of the State of Oklahoma.
3. The liability of the surety for any and all claims hereunder shall in no event exceed the required amount.
4. The liability of the Principal shall in no way be limited merely by the Surety's satisfaction hereof.

SIGNED, SEALED, AND DATED THIS _____ day of _____, _____.

Principal Oklahoma resident or non-resident Producer Countersignature

Surety

(SEAL)

By: _____
Attorney-in-Fact

Attorney-in-Fact

****Please attach a copy of the Power of Attorney and Certificate of Authority of Attorney-in-Fact.**

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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
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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