



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OREGON 97314

# SURETY BOND

▼ BOND NUMBER ▼

**NOTE:** TO BE COMPLETED BY BONDING COMPANY. FAILURE TO ACCURATELY COMPLETE THIS FORM WILL CAUSE DELAY. PLEASE TYPE OR PRINT LEGIBLY WITH INK.

## LET IT BE KNOWN:

THAT \_\_\_\_\_  
(INDIVIDUAL NAME OF OWNER, ALL PARTNERS OR MEMBERS, OR NAME OF CORPORATION)

DOING BUSINESS AS \_\_\_\_\_  
(BUSINESS NAME AS GIVEN ON THE CERTIFICATE APPLICATION)

HAVING ITS PRINCIPAL PLACE OF BUSINESS AT \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE, ZIP CODE)

WITH ADDITIONAL PLACES OF BUSINESS AT \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE, ZIP CODE)

\_\_\_\_\_ (STREET ADDRESS, CITY, STATE, ZIP CODE)

AS PRINCIPAL(S), AND \_\_\_\_\_  
(SURETY NAME)

\_\_\_\_\_ ( )  
(ADDRESS, CITY, STATE, ZIP CODE) (TELEPHONE NUMBER)

A CORPORATION ORGANIZED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF \_\_\_\_\_, AND AUTHORIZED TO TRANSACT A SURETY BUSINESS IN THE STATE OF OREGON, AS SURETY, ARE HELD AND FIRMLY BOUND TO THE STATE OF OREGON IN THE PENAL SUM OF \$40,000 FOR EACH YEAR THE CERTIFICATE IS VALID, FOR THE PAYMENT OF WHICH THE PRINCIPAL(S) AND SURETY JOINTLY AND SEVERALLY BIND THEMSELVES, THEIR RESPECTIVE SUCCESSORS, AND ASSIGNS. THE MAXIMUM AMOUNT PAYABLE UNDER THE BOND FOR PAYMENT OF CLAIMS BY PERSONS OTHER THAN RETAIL CUSTOMERS OF THE VEHICLE IS \$20,000.

WHEREAS, THE PRINCIPAL(S) IS APPLYING FOR A VEHICLE DEALER CERTIFICATE ISSUED BY THE OREGON DEPARTMENT OF TRANSPORTATION;

THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEN THE ABOVE NAMED PRINCIPAL(S) IS ISSUED A VEHICLE DEALER CERTIFICATE TO CONDUCT, IN THIS STATE, A BUSINESS AS A DEALER OR REBUILDER OF VEHICLES, SAID PRINCIPAL(S) SHALL CONDUCT SUCH BUSINESS WITHOUT FRAUD OR FRAUDULENT REPRESENTATION, AND WITHOUT VIOLATION OF ANY OF THE PROVISIONS OF THE OREGON VEHICLE CODE SPECIFIED IN ORS 822.030(2), THEN AND IN THAT EVENT THIS OBLIGATION TO BE VOID, OTHERWISE TO REMAIN IN FULL FORCE AND EFFECT UNLESS CANCELLED PURSUANT TO ORS 822.030(1)(a).

THIS BOND SHALL BECOME EFFECTIVE AS OF THE DATE THE PRINCIPAL(S) IS ISSUED A VEHICLE DEALER CERTIFICATE BY THE OREGON DEPARTMENT OF TRANSPORTATION. THIS BOND SHALL BE DEEMED CONTINUOUS IN FORM AND REMAIN IN EFFECT FOR THE ENTIRE PERIOD FOR WHICH CERTIFICATION IS GRANTED AND FOR EACH SUCCEEDING CERTIFICATION PERIOD UPON RENEWAL OF THE VEHICLE DEALER CERTIFICATE, UNTIL DEPLETED BY CLAIMS PAID, UNLESS THE SURETY SOONER CANCELS THE BOND. THIS BOND MAY BE CANCELED BY THE SURETY GIVING WRITTEN NOTICE OF SUCH CANCELLATION TO THE DRIVER AND MOTOR VEHICLE SERVICES DIVISION OF THE OREGON DEPARTMENT OF TRANSPORTATION.

THIS BOND SHALL BE ONE CONTINUING OBLIGATION AND THE LIABILITY OF THE SURETY SHALL BE LIMITED TO THE AMOUNT OF THE PENALTY OF THIS BOND REGARDLESS OF WHETHER THIS BOND IS RENEWED OR OTHERWISE CONTINUED IN EFFECT BEYOND THE ORIGINAL CERTIFICATION PERIOD, IRRESPECTIVE OF THE NUMBER OF YEARS IT IS IN EFFECT.

THIS BOND IS EFFECTIVE \_\_\_\_\_  
(MONTH, DAY, YEAR)

**-- ANY ALTERATION VOIDS THIS BOND --**

IN WITNESS WHEREOF, THE SAID PRINCIPAL(S) AND SAID SURETY HAVE EACH EXECUTED THIS BOND BY ITS AUTHORIZED REPRESENTATIVE(S) AND HAVE AFFIXED THE SURETY CORPORATE SEAL HEREUNTO

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
(DAY) (MONTH) (YEAR)

SIGNATURE (OWNER/PARTNER/MEMBER OR CORPORATE OFFICER)

X

TITLE

SIGNATURE OF SURETY (AUTHORIZED REPRESENTATIVE)

X

TITLE

**SURETY'S AGENT OR REPRESENTATIVE MUST COMPLETE THIS SECTION:**

**PLACE SURETY SEAL BELOW**

IN THE EVENT A PROBLEM ARISES CONCERNING THIS BOND, CONTACT:

NAME	TELEPHONE NUMBER ( )
ADDRESS	
CITY, STATE, ZIP CODE	

# 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	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</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**

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