

**PERFORMANCE BOND OF PRENEED
FUNERAL CONTRACTS**
State of South Carolina

Bond No.: _____

KNOW ALL MEN BY THESE PRESENTS,

That we _____ as Principal and _____
a surety company organized and existing under the laws of the State of South Carolina and authorized to do
business in the State of South Carolina as surety are held and firmly bound unto the State of South
Carolina: Department of Consumer Affairs for the use and benefit of the State and persons covered under
Preneed Funeral Contracts sold by the
principal in the penal sum of _____ (Dollars) (\$ _____), for which
sum, well and truly to be paid, we bind ourselves, our heir, executors, administrators, successors and
assigns, jointly and severally by these presents.

WHEREAS, the named principal intends to merchandise, sell or offer to sell preneed funeral contracts with
the State of South Carolina as authorized by Chapter 7, Title 32, Code of Laws of South Carolina, 1976, as
amended

NOW THEREFORE, the condition of this obligation is such that, if the named principal shall in all things, well
and truly perform and observe all and each of the agreements, covenants and conditions, on his part to be
observed, which are included in the above-mentioned act, and shall at all times indemnify and save
harmless the obligee from and against any and all claims, actions, suits, or whatever nature, whether
groundless or otherwise, and from and against any and all liabilities, losses, costs, damages, charges,
counsel fees and other expenses resulting from the principal's failure to so perform, or the allegation of this
failure to perform, then this obligation to be void; otherwise to remain in full force and effect.

IT IS AGREED that any person covered under a Preneed Funeral Contract, sold by the principal, his heirs
executors, administrators can proceed against the bond in case of default by the principal.

IT IS FURTHER AGREED, that, the aggregate liability of the surety for all breaches of the conditions of the
bond shall, in no event, exceed the penal sum of this bond, as stated in the obligatory clause.

WHEREAS, this bond may be cancelled at the instance of either Principal or Surety after thirty days notice in
writing by registered mail to the other party and to the South Carolina Department of Consumer Affairs
PROVIDED that such cancellation shall relieve the obligation of the Surety only as to those contracts or sales
made after the effect date of such cancellation and shall not relieve the obligation of the Surety under this
bond as to any of the above described contracts or sales made prior to cancellation (1) wherein the
purchaser has not received said person property or services AND (2) wherein all monies received by the
Principal pursuant to the above described contracts or sales are not on deposit in a federally insured
institution in the name of the Principal as Trustee for the beneficiary.

It is expressly provided that said notice to the South Carolina Department of Consumer Affairs shall be a
condition precedent to cancellation of this bond.

IN WITNESS WHEREOF, the principal and surety
have hereunto set their hands and seals this

_____ day of _____ 20 _____

Witness BY: _____
Principal

Witness BY: _____
Principal

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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