KNOW ALL MEN BY THESE PRESENTS:

That we	
of	South Dakota, as
Principal , and are held and firmly bound unto the Department of the benefit of any purchaser or holder of a lien no	a Corporation, as Surety. f Revenue and Regulation, of the State of South Dakota, for oted on the certificate of title, in the penal sum of
thousand dollars (\$ be made, we bind ourselves and our legal represe) for the payment of which, well and truly to ntatives jointly and severally by these presents.
The condition of this obligation is such th	at if the above-named Principal shall during the
this bond is canceled as provided herein, pay all 1 failure of any title or any motor vehicle or by reas as to freedom of liens of any motor vehicle then t effect. This bond shall operate as a new bond for This bond may be canceled by the surety of Department of Revenue and Regulation, 445 East Principal addressed to him at the municipality nat this bond shall be null and void as to any liability	, 20, and each licensed year thereafter until oss, damages and expense that are occasioned by reason of the son of any fraudulent misrepresentation or breach of warranty his obligation to be void, otherwise to remain in full force and each license year it is in effect. company as to future liability by giving written notice to the t Capitol Avenue, Pierre, South Dakota 57501, and to the med herein and thirty (30) days after the mailing of said notice thereafter arising, the surety remains liable, however, subject y and all acts covered by this bond up to the date of 20
Witness to Principal	Signature of Principal
Witness to Principal	Signature of Principal
Bonding Company Name	Signature of Authorized Agent
Bonding Company Address	
Bonding Company Phone #	

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME:		-	AGENCY CONTAG	СТ		
AGENCY PHONE:	AGENCY FAX:		E-MAIL:	E-MAIL:		
AGENCY ADDRESS						
(Street)	E LOOKING TO BEAT	?	(City)	(State) (Zip)		
NAME OF PREVIOUS SURETY COMPAN						
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DAT	E:		
OBLIGEE:						
OBLIGEE ADDRESS:						
		(City)	(State)	(Zip)		
APPLICANT'S NAME:	SPOUSE NAME					
SS#:SPC	USE SS#	ISE SS# HOME PHONE:				
RESIDENTIAL ADDRESS:						
BUSINESS NAME:		(City)	(State)	(Zip)		
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail			
BUSINESS ADDRESS:						
(Street) DATE BUSINESS BEGAN UNDER CURREN			(State) BUSINESS TAX ID:	(Zip)		
HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE?	YES 🗌 NO 🗌		_			
HAS APPLICANT EVER FAILED IN BUSINE				YES 🗌 NO 🗌		
		A SEPERATE SHEET O				
IF IES TO ANT,		A SEPERATE SHEET C	JF FAFER.			
SECTION III: ADDITIONAL OWNERS / PAR APPLICANT'S NAME:	INERS	SPOUSE NAME				
SS#:SPC	USE SS#	HOI	ME PHONE:			
RESIDENTIAL ADDRESS:						
(Street)		(City)	(State)	(Zip)		
ASSETS	MENT OF ASSETS &	LIABILITIES AS OF				
CASH IN BANK	\$	NOTES PAYABLE 1		\$		
CASH ON HAND	\$	NOTES PAYABLE T	O OTHERS	\$		
STOCKS & BONDS	\$	ACCOUNTS PAYAE	BLE	\$		
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	$\mathbf{\psi}$					
	· · ·	CAPITAL STOCK (IF A CORPORATION) \$ SURPLUS & UNDIVIDED PROFITS \$				
TOTAL ASSETS	\$	TOTAL LIABILITIES	5	\$		
				\$		
NAME OF OWNERS	NAME & TITLE	OF OFFICERS	PERCENTAGE OF OWN	IERSHIP		

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 Fax: (602) 674-8235

E-Mail info@integritybonds.com