TITLE INSURANCE AGENT'S BOND

STATE OF TENNESSEE

BOND NO.

WHEREAS, the Principal has applied to the Insurance Commissioner of the State of Tennessee for a license as a Title Insurance Agent and is required by Title 56, Chapter 35, Tennessee Code Annotated, to give this bond.

NOW THEREFORE, the condition of the above obligation is such, that if the above bounden Principal shall fully account and pay to the person entitled thereto, all funds belonging to such person which may come into the possession of said Principal through insurance transactions under his Title Insurance Agent's license while this bond remains in force, and shall conduct his business as Title Insurance Agent in full compliance with the insurance laws of said state, then this bond shall be void and of not effect; otherwise, to remain in full force and virtue.

PROVIDED, That the aggregate liability hereunder for all causes of action arising during the period for which this bond is written shall not exceed the total sum of <u>Twenty-Five Thousand Dollars</u>, (25,000) and provided further that this bond may be canceled by the Surety upon the giving of thirty (30) days prior notice to The Department of Insurance, except that such notice shall not be effective as to claims arising out of any transactions prior to the effective date thereof

In WITNESS WHEREOF, The said Principal has hereunto set his hand and seal, and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed the day and year first above written.

EFFECTIVE	
	Principal

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME:		AGENCY CONTACT		
AGENCY PHONE:	AGENCY	FAX: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#	SE 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	\$	CAPITAL STOCK (IF A CORPORATION)		
	· · ·	SURPLUS & UNDIV		\$
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

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