

1 STATE OF TEXAS § BOND NO. _____

2 §

3 COUNTY OF §

4 KNOW ALL BY THESE PRESENTS:

5 RE: Name of legal entity: _____

6 Street address: _____

7 City and State: _____

8 Date of Incorporation: _____

9 That we, _____ As Principal

10 (hereinafter called "Principal) and _____, as

11 Surety (hereinafter called "Surety") are held firmly bound unto the Texas Department

12 of Agriculture, as Obligee (hereinafter called "Obligee") in the sum of

13 _____ Dollars (\$ _____) for the payment whereof,

14 well and truly to be made, we do here bind ourselves, our heirs,

15 executors, administrators, successors, and assigns, jointly and severally, firmly by these

16 presents.

17 Signed, sealed, and dated the _____ day of _____, 20_____.

18 Whereas, the Texas Department of Agriculture has agreed to pay

19 monies to the Principal, DBA _____, under

20 TAC Title 4, Part 1, Chapter 25 covering the _____.

21 NOW, THEREFORE, the conditions of the obligation are such, that if (a) the

22 Obligee has completed the audit of the Principal and the said Principal faithfully satisfies

23 all net audit exceptions which may have been taken by the Texas Department of

24 Agriculture for any audit period covered by the period duration of this bond,

25 (b) the Obligee has attempted an audit of the Principal as discussed in (a) above and the

26 said Principal's records were unavailable or unauditible and said Principal faithfully

27 satisfies all exceptions determined to be owing as a result of Principal's failure to keep

28 records substantiating its performance, or (c) the Obligee completes any other research,

29 including but not limited to investigations, administrative reviews, or management

30 evaluations, into the contractual performance of the Principal and said Principal shall

31 satisfy all monetary exceptions for the contract period covered by the period of duration

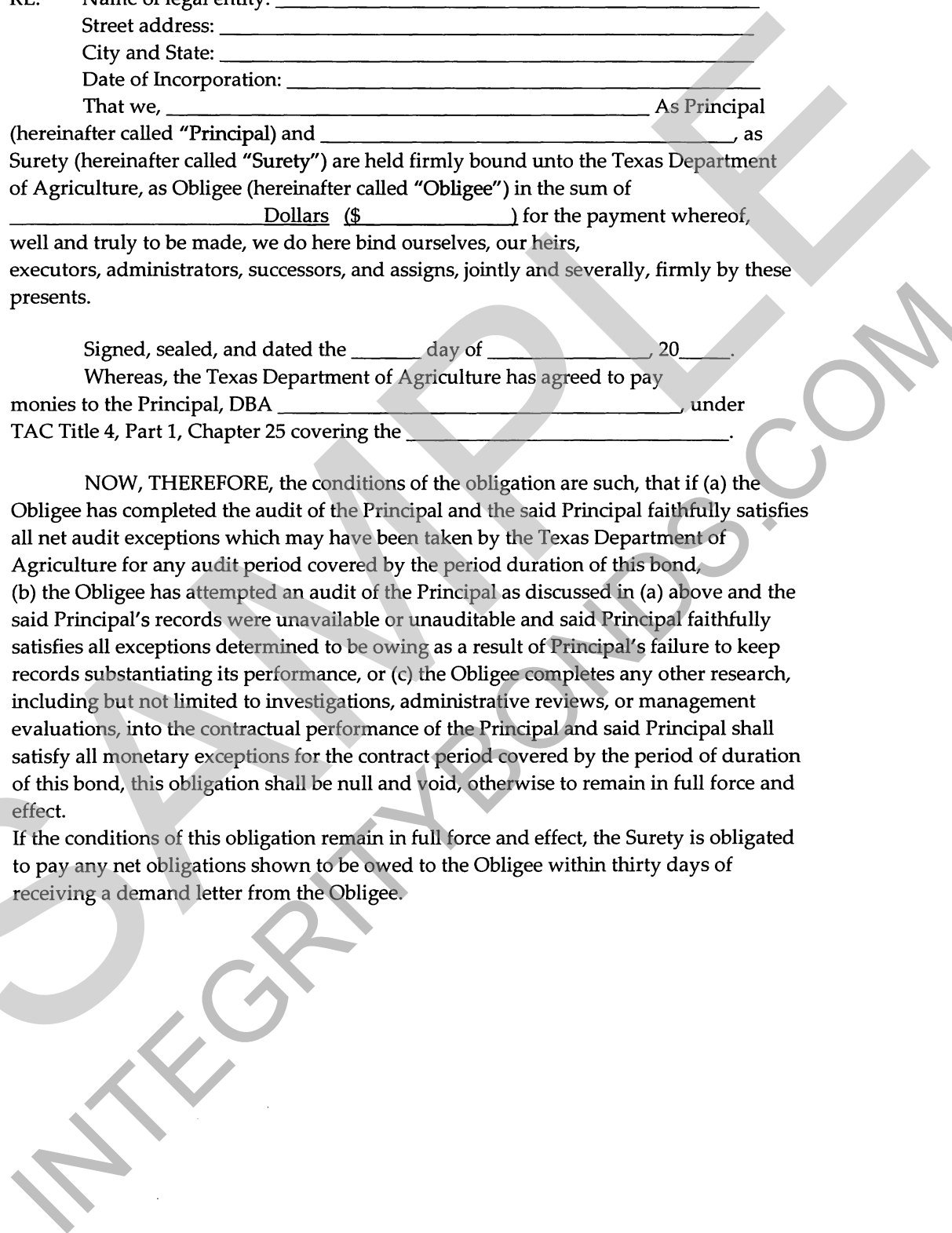
32 of this bond, this obligation shall be null and void, otherwise to remain in full force and

33 effect.

34 If the conditions of this obligation remain in full force and effect, the Surety is obligated

35 to pay any net obligations shown to be owed to the Obligee within thirty days of

36 receiving a demand letter from the Obligee.



1 Bond No. _____

2 _____

3 _____

4 Page 2

5 Liability under this bond shall terminate as of the _____ day of
6 _____, 20___, as to any acts subsequent thereto, unless said bond is
7 continued in force from year to year by the issuance of a Continuation Certificate signed
8 by the Surety.

9 Provided, this bond may be canceled as a future liability by the Surety upon sixty (60)
10 days written notice to the Principal and the Oblige; however such cancellation shall
11 not discharge the Surety's liability accrued during the term of this bond or which shall
12 accrue in said sixty (60) day period.

13 _____
14 Legal Name of Principal

15 _____
16 Signature

17 _____
18 Printed Name of Person Signing

19 _____
20 Title of Person Signing

21 _____
22 Name of Surety

23 _____
24 By: Signature of Attorney in fact

25 _____
26 Printed Name of Person Signing

27 Name and address of Surety's local representative:

28 _____

29 _____

30 _____

31 _____

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

E-Mail info@integritybonds.com

Toll Free: (866) 420-2613

Local (480) 626-8916

Fax: (602) 674-8235