



SURETY: Please obtain the CTD Code Number of your principal. This number will enable ARC to identify your principal for future correspondence and inquiries.

CTD Code Number ____ - ____ - ____ - ____

Bond Number _____

Airlines Reporting Corporation CTD Bond Form

KNOW ALL MEN BY THESE PRESENTS THAT (Full legal name of the CTD and DBA, if any; the legal name must be identical to the legal name on the ARC application) _____

(current city & state) _____ (hereinafter called

the Principal) and, _____ of _____

(hereinafter called the Surety) are held firmly bound unto Airlines Reporting Corporation (hereinafter called the Obligor) as agent for and in behalf of any carrier which is a party to the ARC Carrier Services Agreement with the Obligor contracting with the Principal, in the amount of U.S. Dollars (\$) _____ on and after the _____ day of _____, 20 ____.

WHEREAS, The Principal has entered into or is desirous of entering into an agreement or agreements with the Obligor known as the Corporate Travel Department Reporting Agreement (CTDRA) in the form prescribed by the Obligor, which agreement(s) is/are specifically incorporated herein and made a part hereof by reference;

AND WHEREAS, the Corporate Travel Department Reporting Agreement provides in part that: (1) ARC traffic documents are supplied to the Principal in trust by ARC, and (2) the Surety shall cover all amounts owed by the Principal to the carriers or to ARC for tickets or other instruments of value issued on ARC traffic documents (in both paper or electronic versions) unless the Principal is otherwise relieved of liability for such amounts owed pursuant to the terms of the CTDRA.

NOW THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH that if the Principal shall duly comply with the provision of said Corporate Travel department Reporting Agreement with respect to all amounts owed to the Obligor, as in said Agreement provided, during the term of this bond as hereinafter provided, then this obligation to be void, otherwise to remain in full force and effect in law, subject however to the following limitations, conditions and definitions:

1. That the Obligor shall notify the Surety of any default of the Principal hereunder, at the earliest possible time following the discovery of such default and in any event no later than 90 days after such discovery by the Obligor, prior notice to any carrier notwithstanding, and such notice to the surety shall be deemed sufficient for all claims arising before the date of such notice although submitted thereafter;
2. That the Surety shall promptly notify the Obligor in writing of any changes in either the Principal or amount of bond set forth above. However, failure of the Surety to provide such notice shall not affect the validity of this bond;
3. That if the Surety shall so elect, this bond may be canceled by giving 30 days written notice to the Obligor. Said notice shall contain full name, city, and state where the Principal is located. The Surety, however, will remain liable for any default occurring during the period up to the expiration of said 30 days notice and such 30-day period shall begin only upon receipt of said notice by the Obligor;
4. In event of the payment by the Surety of any claims hereunder, the Surety shall be subrogated to all the rights of the Obligor with respect only to such claims paid and the Obligor shall execute or have executed whatever documents may be necessary in this regard;
5. That in no event shall the Surety be liable for a greater amount than that shown above;
6. That the Surety shall not be subject to any suit, action or proceeding hereunder instituted later than 6 months following the termination hereof unless, prior to or within such 6 month period, the Obligor has notified the Surety of a default of the Principal hereunder.

Signed and sealed as of the effective date mentioned above.

___ Non-approved ARC Applicant

___ Ownership Change

___ Name Change

___ Redesignation

___ Replacement Bond

SURETY

SEAL

Surety

Attorney in fact signature

To be signed and sealed by an authorized representative of Surety. If Attorney in Fact, power of attorney must be attached. Revised 06/02

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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Local (480) 626-8916

Fax: (602) 674-8235