

COUNTY OF FAIRFAX

CLASS C HOME IMPROVEMENT CONTRACTOR SURETY BOND DEPARTMENT OF PUBLIC WORKS AND ENVIRONMENTAL SERVICES CODE ENFORCEMENT BRANCH- SUITE 210 12055 GOVERNMENT CENTER PARKWAY

FAIRFAX, VIRGINIA 22035 (703) 324-1937

KNOWN ALL MEN BY THESE PRESEN PRINCIPAL, and	under the laws of the STATE OF			
body corporate, in the full and just sum of the United States, to be paid to the Board of	ne Board of County Supervisors of Fairfax County, Virginia, a FIVE THOUSAND DOLLARS (\$5,000.00) lawful money of f County Supervisors of Fairfax County, Virginia; to which arselves, our heirs, executors, administrators, successors and se presents.			
SIGNED, sealed and dated this da	y of			
improvement contractor in the said County ordinance of the Board of County Supervisor Improvement Ordinance enacted by the said	desires to engage in business as a home of Fairfax, Virginia, pursuant to requirements of a certain ors of Fairfax County, Virginia known as the Home d Board on the 8 th of May 1963, and in accordance with all the d the County of Fairfax relating to home improvement			
NOW, THEREFORE, THE CONDITIONS	OF THIS OBLIGATION ARE SUCH THAT if the said and truly observe, and strictly and faithfully comply with all			
of the provisions of the said ordinance and county of Fairfax, and amendments thereto and regulations lawfully adopted pursuant twork placed in, upon, or adjacent to any dw Fairfax; and if the saidas well as any other person from all expense	the said laws of the Commonwealth of Virginia, and of the made, or which may be made hereafter and with all the rules of the said ordinance and laws, relating to home improvement welling or accessory building are erected, in the County of shall indemnify and save harmless the said County e and damage that may be caused by any negligent, defective or their Registration, then this obligation to be void;			
of Midnight,				
WITNESS:	AUTHORIZED REPRESENTATIVE (SEAL)			
	TITLE .			
	SURETY (SEAL)			
WITNESS:	ATTORNEY-IN-FACT COUNTERSIGNED FOR STATE OF VIRGINIA			
	VIRGINIA RESIDENT AGENT (SEAL)			
	BROKER FIRM NAME			
POWER OF ATTORNEY MUST BE ATTACHED TO THIS FORM	ADDRESS			
TO TIMO LOTTE	TELEPHONE NUMBER			



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KNOWN ALL MEN BY THESE PRESPRINCIPAL, and	SENTS, THAT WE under the laws of the STATE OF to the Board of County Supervisors of Fairfax Co of TEN THOUSAND DOLLARS (\$10,000,000)	, AS
the United States to be paid to the D	d of County Supervisors of Fairfax County, Virg	lawill money of
SIGNED, sealed and dated this	day of	
WHEREAS, the said	desires to engage in business as ity of Fairfax, Virginia, pursuant to requirements visors of Fairfax County, Virginia known as the I aid Board on the 8 th of May 1963, and in accordand the County of Fairfax relating to home improved	of a certain.
of the provisions of the said ordinance and County of Fairfax, and amendments there and regulations lawfully adopted pursuant work placed in, upon, or adjacent to any defairfax; and if the said	well and truly observe, and strictly and faithfully different the said laws of the Commonwealth of Virginia to made, or which may be made hereafter and we to the said ordinance and laws, relating to home welling or accessory building are erected, in the shall indemnify and save harmless see and damage that may be caused by any negligible to their Registration, then this obligation that the shall middlight This between the said ordinance and the same that may be caused by any negligible to the said ordinance and the said ordinance and save harmless.	a, and of the ith all the rules improvement County of the said County
	AUTHORIZED REPRESENTATIVE (SEAI	
	TITLE	
WITNESS:	BY:	SEAL)
	ATTORNEY-IN-FACT COUNTERSIGNED FOR STATE OF VIRGI	NIA
	VIRGINIA RESIDENT AGENT (SEAL)	
POWER OF ATTORNEY	BROKER FIRM NAME	
MUST BE ATTACHED TO THIS FORM	ADDRESS	
	TELEPHONE NUMBER	

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	CT	
AGENCY PHONE:	AGENCY	FAX:	E-MAIL:		
AGENCY ADDRESS:(Street)					
CURRENT OR EXPIRING QUOTE WE AR	E LOOKING TO REAT	7	(City)	(State)	(Zip)
NAME OF PREVIOUS SURETY COMPAN					
SECTION I: BOND APPLIED FOR:					
TYPE OF BOND:		EFF.DATE:	EXP.DA	TE:	
TYPE OF COMPANY CORP ☐ LLC ☐	DBA 🗌 PARTNE				
OBLIGEE:					
OBLIGEE ADDRESS:					
SECTION II: GENERAL INFORMATION		(City)	(State)		(Zip)
APPLICANT'S NAME:		SPOUSE NAME			
SS#: SPC	DUSE SS#	_ Н	OME PHONE:		
RESIDENTIAL ADDRESS:		_			
(Street)		(City)	(State)		(Zip)
BUSINESS NAME:					
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail		
BUSINESS ADDRESS:					
(Street)			(State)		(Zip)
DATE BUSINESS BEGAN UNDER CURREN	IT NAME:		BUSINESS TAX ID:		
HAS ANY COMPANY REFUSED TO ISSUE			LIENS, CLAIMS, OR JUDG	EMENTS	YES NO
BONDS FOR ANY PURPOSE?		AGAINST YOU?			
HAS APPLICANT EVER FAILED IN BUSINE	SS? YES 🗌 NO 🗌	HAS APPLICANT EVI	ER FILED BANKRUPTCY?	?	YES NO
IF YES TO ANY	, PLEASE EXPLAIN ON	A SEPERATE SHEET	OF PAPER:		
			- C		
<u>SECTION III</u> : ADDITIONAL OWNERS / PAR APPLICANT'S NAME:	TNERS	SPOUSE NAME			
	DUSE SS#	_ _ H	OME PHONE:		
RESIDENTIAL ADDRESS:					
(Street)		(City)	(State)		(Zip)
	MENT OF ASSETS &				
ASSETS		LIABILITI			
CASH ON HAND	\$	NOTES PAYABLE		\$	
CASH ON HAND STOCKS & BONDS	\$	NOTES PAYABLE TO OTHERS 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 LIABILITI	ES	\$	
		NET WORTH		\$	
NAME OF OWNERS	NAME & TITLE	OF OFFICERS	PERCENTAGE OF OW	NERSHIP	

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