

## **VESSEL DEALER BOND**

Bond Number			
KNOW ALL MEN BY THESE PRESENTS: That we			
as Principal and	a corporation		
organized and existing under the laws of the State of _ authorized to transact surety business in the	, and, State of Washington, as Surety, are held and firmly bound		
unto the State of Washington in the penal sum of			
	I money of the United States of America, for the payment of which sum, executors, administrators, successors and assigns, jointly and severally,		
Sealed with our seals and dated this day of	of,Year		
	S SUCH That, whereas, the above bounden principal has or is about to as of vessel dealer, in accordance with the provisions of Chapter 88.02 d		
laws to furnish a bond in the penal sum of			
THOUSAND DOLLARS (\$,000.00), condi	itioned as required by law:		
	faithfully perform as such vessel dealer all obligations enjoined (it) (him) nall be null and void; otherwise to remain in full force and effect.		
THIS OBLIGATION is applicable to the license period and shall continue in full force and effect until terminated of Licensing of the State of Washington in writing by th	by thirty (30) days written notice of cancellation delivered to the Director		
NAME OF AGENCY	PRINCIPAL		
ADDRESS OF AGENCY			
	DATE		
COUNTERSIGNED	SURETY		
	Ву		
Washington Resident Agent			
	DATE		
PREPARE IN TRIPLICATE. Forward ORIGINAL to Department of Licensing. DUPLICATE — Bondir Form approved by State Attorney General.	ng Company's Copy. TRIPLICATE — Dealer's Copy.		

DLR-430-014 VESSEL DLR BOND (N/9/00)OR (W)

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

## INTEGRITY SURETY BOND APPLICATION

AGENCY NAME:		-	AGENCY CONTAG	AGENCY CONTACT	
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	JSE 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	SPOUSE SS#		HOME 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	\$	Ψ		\$	
	· · ·	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