

Motor Vehicle Wrecker Rond

LICENSING WIOTO	Veilicle Wiecke	er Boriu	Bond No
(NOW ALL MEN BY THESE PRESENTS, TI	hat we		
0	of		, Washington,
			, nacinigion,
s principal and			
corporation duly authorized to transact suret he State of Washington, in the full penal sur or the payment of which, well and truly made successors and assigns, jointly and severally	m of ONE THOUSAND DO e, we and each of us, bind	LLARS (\$1,000), lawfu l ourselves, our heirs, e	I money of the United States,
Sealed with our seals and dated this	day of		Year
THE CONDITIONS OF THE ABOVE OBLIGATION oobtain a license to engage or continue in bestatutes of the State of Washington, RCW 46. Now, Therefore, If the said	ousiness as a motor vehic .80 and desires to give bo	le wrecker, in accordan	nce with the provisions of the
he above bounden principal, shall conduct the RCW 46.80 and shall pay all persons who shall persons who shall persons who shall persons who shall person who shall person with motor states and effect.	nis business in conformity all have suffered any loss	or damage by reason	of fraud, carelessness,
Provided, That the aggregate liability hereund his bond is written shall not exceed the total			uring the period for which
THIS OBLIGATION is applicable to the licens and shall continue in full force and effect unt Director of Licensing of the State of Washington	til terminated by thirty (30)		cancellation delivered to the
In Witness <i>Whereof</i> , The said principal has horesents to be signed by its duly authorized cabove written.			
IAME OF AGENCY	By_	SNATURE: OWNER/PARTNERS/CO	RPORATE OFFICER
ADDRESS OF AGENCY	()-\ _		
COUNTERSIGNED	DA	TE	
Washington Resident Agent	<u>SIG</u>	SNATURE: ATTORNEY IN FACT	

PREPARE IN TRIPLICATE. ORIGINAL — Department of Licensing **DUPLICATE - Bonding Company's Copy** TRIPLICATE - Auto Wrecker's File Copy

> 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.



Ву

DATE

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTACT				
AGENCY PHONE:	AGENCY FAX: E-MAIL:					
AGENCY ADDRESS:						
CURRENT OR EXPIRING QUOTE WE ARE	LOOVING TO PEAT?	,	(City)	(State)	(Zip)	
		-				
NAME OF PREVIOUS SURETY COMPANY	WRITING THE BONL)?				
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DA	ΓE:		
TYPE OF COMPANY CORP LLC	DBA PARTNER					
OBLIGEE:						
OBLIGEE ADDRESS: (Street)		(City)	(State)		(7in)	
SECTION II: GENERAL INFORMATION		,	(State)		(Zip)	
APPLICANT'S NAME:		SPOUSE NAME				
SS#:SPO	USE SS#	HOI	ME PHONE:			
RESIDENTIAL ADDRESS:(Street)		(City)	(8: 1.)		(3:)	
BUSINESS NAME:		(City)	(State)		(Zip)	
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?		O YOU HAVE ANY LIE GAINST YOU?	NS, CLAIMS, OR JUDG	EMENTS	YES NO	
HAS APPLICANT EVER FAILED IN BUSINES	SS? YES 🗌 NO 🗍 H	IAS APPLICANT EVER	FILED BANKRUPTCY?	,	YES NO	
					,	
IF YES TO ANY. I	PLEASE EXPLAIN ON A	A SEPERATE SHEET C				
·		A SEPERATE SHEET C				
SECTION III: ADDITIONAL OWNERS / PART	NERS	A SEPERATE SHEET O				
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME				
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI	NERS	SPOUSE NAME	OF PAPER:			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME	OF PAPER:		(Zip)	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM	NERS	SPOUSE NAME HO!	ME PHONE: (State)			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HON (City) LIABILITIES AS OF LIABILITIES	ME PHONE: (State)			
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SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS	NERS USE SS# MENT OF ASSETS & I \$ \$ \$	CCity) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB	ME PHONE: (State) O BANKS O OTHERS	\$ \$ \$		
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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