

SURETY BOND

KNOW ALL MEN BY THESE PRESENTS:

That _____ of
(Name of Dealership as it appears on Dealer License)
 the City of _____, County of _____, West Virginia, as PRINCIPAL,
 and the _____,
(Name of Insurance/Bonding Company)
 a corporation, authorized to do business in the State of West Virginia, as SURETY, are held and firmly
 bound, effective the _____ day of _____, _____, unto the West Virginia
 Division of Motor Vehicles (DMV) in the penal sum of Twenty Five Thousand Dollars (\$25,000) for
 payment to the West Virginia DMV, we bind ourselves, our successors and assigns, jointly and severally
 firmly by these presents.

THE CONDITION OF THIS BOND IS SUCH THAT, if the Principal practices any fraud or
 makes any fraudulent representation which causes a financial loss to a purchaser, seller, financial institution
 or agency, or the State of West Virginia, then the Surety is obligated to pay the penalty sum of Twenty Five
 Thousand Dollars (\$25,000) to the West Virginia DMV.

The Surety shall notify the West Virginia DMV by certified mail, within thirty days of
 cancellation of the bond by the Surety or the Principal. If the Surety fails to notify the West Virginia DMV
 within the thirty days, then the bond will be deemed to be in full force and effect until such cancellation
 notice is received by the West Virginia DMV. This bond is required of all dealers licensed pursuant to
 Article 6, Chapter 17A of the West Virginia Code. All pertinent sections of that statute and all pertinent
 rules and regulations of the West Virginia DMV are hereby expressly made a part of this bond.

IN WITNESS WHEREOF the said Principal has hereunder set his or its hand, and the said Surety
 has caused its corporate name to be signed hereto by its duly authorized official or agent and executed this
 instrument the _____ day of _____.

This bond covers acts and omissions by the Principal that occur during the license year July 1,
 _____, to June 30, _____, as of the effective date the Principal is issued or renewed license
 by the West Virginia DMV.

Name of Dealership

Signature of Individual, Partner, or Corporate Officer

Name Surety/Bonding Company

Address of Surety/Bonding Company

Authorized Company Representative

Signature of Authorized Company Representative

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

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Local (480) 626-8916

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