$\frac{\text{STATE OF WEST VIRGINIA}}{\text{SECRETARY OF STATE}}$

BOND#

SURETY BOND

KNOW ALL MEN BY THESE PRESENTS:

That we, (1)	of (2)	_, as Principal, and	(3)
, a	corporation author) rized to do business in the	e State of West Virginia	ı, as
Surety, are firmly bound unto	the State of West	Virginia in the sum of \$1	1000, for which payment	we
bind ourselves and our legal re	epresentatives and	successors, jointly and sev	verally.	
(4)	(5)			
WHEREAS, the pri	ncipal has filed an	application with the Secre	tary of State to be appoin	nted
a Commissioner for West Virgin accordance with Chapter 29	ginia from the (6)	day of	, 20	_,
in accordance with Chapter 29	Article 4, Section	n 12, 14, and 15 of the Coo	le of West Virginia.	
		ION OF THIS OBLIGAT		
shall faithfully and honestly d				
by law, all moneys which r			f the said office, then	this
obligation shall be void; other	wise, it shall remain	n in full force and effect.		
The premium for w	nich this Bond is w	ritten is (7)	<u></u>	_
dollars (\$).				
DAMES IEGG WILL	DECE 1			
		al and surety have execute	d this instrument this	
(8) day of	, 20_	· ·		
Division	-1 (0)		(0	1\
Princip	pal (9)	(Principal)	(20	eal)
		(Principal)		
	(10)			
	(10)	(Signature of Principal)		_
		(Signature of Finicipal)		
Surety	(11)		(Se	001)
Surety	(11)	Surety	(50	cai)
		Surety		
(13) Corporate Seal				
(15) Corporate Sear	(12) By:			
	(12) By	Attornev-in-fact or Cor	norate Officer	-

(ACKNOWLEDGMENT BY PRINCIPAL IF INDIVIDUAL)

(14) State of	(15) County	of			
(16) I,	` , , .	a N	Notary Public in	and for the o	county and state
(16) I,aforesaid, do hereby cert signed to the foregoing v	ify that (17)				_whose name is
signed to the foregoing v	writing, has this	day, acknowledg	ged same before	e me in my sa	aid county.
(10) G' 1 1	1.11.1	1 6	24		
(18) Given under my har	nd this the	day of	, 20	0	
(19) Notary Seal		(20)			
(· / - · · · · · ·) ~ · · · · ·		(=0)	Notary Signa	ature	
			, ,		
(21) 3.5		1 0		20	
(21) My commission exp	orres on the	day of			
	(ACKNO)	WLEDGMENT	FOR SURETY		
(22) State of					()
(23) County of		A = 1 11 1	1.2		
(24) I,	, a No	otary Public in ar	nd for the count	ty and state at	foresaid, do
hereby certify that (25) _	(25)	who,	as (26)		, signed
the foregoing writing for	(27)	1110	, a co	orporation, h	as this day,
acknowledged the said w	vriting to be the	act and deed of	tne said corpora	ation.	7
(28) Given under my har	nd this	day (of	, 20	
(20) Given under my nur	id tills	- July			
(29) Notary Seal		(30)			
			Notary Signa	ature	
(31) My commission exp	pires of the		day of		20
(31) My commission exp	offices of the		uay or	,	20
SUFFICIE	NCY IN FORM	AND MANNEI	R OF EXECUT	TON APPRO	VED
Attorney General:					
By:		Dated this	day of		
27.			day or		,·
	.(7)				

Bond forms change; this is for educational purposes only.

INTEGRITY SURETY BOND APPLICATION

			AGENCY CONTACT			
AGENCY PHONE:	AGENCY F	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			. LO NO _	
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)			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HO! (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) O BANKS	\$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND	NERS USE SS# MENT OF ASSETS & I	City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) GO BANKS O OTHERS	\$ \$ \$		
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	\$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$	City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$	City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN	ME PHONE: (State) GO BANKS GO OTHERS ELE INCOME TAX DUE	\$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI RESIDENTIAL ADDRESS:(Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE: (State) O BANKS O OTHERS SLE INCOME TAX DUE DLLS, ETC. NT ATE	\$ \$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE DLLS, ETC. NT ATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI RESIDENTIAL ADDRESS:(Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE DLLS, ETC. NT ATE A CORPORATION)	\$ \$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: RESIDENTIAL ADDRESS: STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE OTHER ASSETS	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA OTHER LIABILITIES CAPITAL STOCK (IF SURPLUS & UNDIV	OF PAPER: ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE DLLS, ETC. NT ATE A CORPORATION) IDED PROFITS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
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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