



WEST VIRGINIA DIVISION OF LABOR
CAPITOL COMPLEX
BUILDING 6, ROOM B-749
CHARLESTON, WV 25305

Bond Number

WAGE PAYMENT COLLECTION SURETY BOND

KNOW ALL MEN BY THESE PRESENTS:

- (1) That we, _____
(2) _____
(3) As Principal, and _____
(4) _____

a firm and/or corporation authorized to do business in the State of West Virginia, as Surety, are held and firmly bound unto the West Virginia Division of Labor in the just and full sum of

- (5) _____ dollars (\$ _____) to the payment whereof well and truly to make, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents:

- (6) WHEREAS, the above-bounded Principal is a _____, subject to the Wage Payment Collection Act, prescribed by Chapter 21, Article 5, Section 14 of the Code of West Virginia, and is required by the provisions of said Article 5, Section 14 to give bond in order to obtain wages and fringe benefits upon duly filed applications.

NOW THEREFORE, if the said principal shall truly and faithfully make return, account for and pay all wages and fringe benefits so required by the said Chapter 21, Article 5, and the rules and regulations of the State Labor Commissioner promulgated thereunder, then this obligation shall be void, otherwise, it shall remain in full force, virtue and effect.

The continuing nature of this bond is such that it is required to remain in effect indefinitely unless any of the signatories hereto give written notice by registered mail to the other signatories and the West Virginia Division of Labor hereto that the signatory desiring the cancellation intends to cancel this bond sixty days after the post-marked date of the written registered notice.

This bond is executed pursuant to the provision of said Chapter 21, Article 5, Section 14, and rules and regulations of the State Labor Commissioner promulgated thereunder, and the pertinent provisions of said Chapter and Article and rules and regulations are hereby expressly made a part of this Bond.

- (7) This bond shall be effective from the _____ day of _____, 20 ____.

IN WITNESS WHEREOF the said principal has hereunder set his or its hand and affixed his or its seal, and the said surety has caused its corporate name to be signed hereto and its corporate seal to be hereunto affixed by its duly authorized officer or

- (8) agent and executed this instrument this _____ day of _____, 20 ____.

- (11) Principal
Corporate Seal (9) _____ (Seal)
(Principal)

- (10) By: _____ (Seal)
Title (Must be President or Vice President)

- (14) Surety
Corporate Seal (12) _____
(Surety)

- (13) By: _____

- (15) Countersigned: _____
(Resident West Virginia Agent)

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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
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

E-Mail info@integritybonds.com

Toll Free: (866) 420-2613

Local (480) 626-8916

Fax: (602) 674-8235