

BOND No. _____

**BOND OF NOTARY PUBLIC
ALABAMA**

STATE OF ALABAMA

_____ COUNTY

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____ of _____
as Principal and, _____, a _____ corporation,
as Surety, are held and firmly bound unto the State of Alabama in the sum of _____ Dollars
(_____), for the payment of which well and truly to be made and done, we bind ourselves, our heirs, executors,
administrators, and assigns, firmly by these presents, and we hereby waive our right to claim personal property exempt under the
laws of Alabama.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas the above bound Principal was duly appointed to
the office of Notary Public for the State at Large on the _____ day of _____, _____; for the term of four
years in the State of Alabama.

NOW IF THE SAID Principal shall faithfully discharge all duties of said office during his/her continuance therein, then the
above obligation to be void, otherwise to remain in full force and effect.

Sealed with our seals, and dated this _____ day of _____, _____.

BY: _____
Attorney in Fact

BY: _____
Principal

Approved and ordered of Record this _____ day of _____.

Judge of Probate Court

OATH OF OFFICE

STATE OF ALABAMA

_____ COUNTY

I, _____ do solemnly affirm/swear that I will support the Constitution of the United States
and the Constitution of the State of Alabama, so long as I remain a citizen thereof; and that I will honestly and faithfully
discharge the duties of the office upon which I am about to enter, to the best of my ability, so help me God.

(Signature of Appointee)

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public

My Commission expires _____

[illegible]

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: _____ AMOUNT: _____

OBLIGEE: _____ EFF.DATE: _____ EXP.DATE: _____

OBLIGEE ADDRESS: _____
 (Street) (City) (State) (Zip)

BUSINESS NAME:

BUSINESS PHONE: _____ **BUSINESS FAX:** _____ **Client E-mail** _____

BUSINESS ADDRESS: _____

TYPE OF COMPANY CORP ☐ LLC ☐ DBA ☐ PARTNERSHIP ☐ HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: 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 ☐

SECTION II: GENERAL INFORMATION

OWNER'S NAME:	SPOUSE NAME

SS#: _____ SPOUSE SS# _____ HOME PHONE: _____

RESIDENTIAL ADDRESS: _____
 (Street) (City) (State) (Zip)

ADDITIONAL OWNERS / PARTNERS

ADDITIONAL OWNERS/PARTNERS	SPOUSE NAME
OWNER'S NAME:	

SS#: _____ SPOUSE SS# _____ HOME PHONE: _____

RESIDENTIAL ADDRESS: _____
 (Street) (City) (State) (Zip)

PERSONAL FINANCIAL 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 for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc
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