

BOND NO. _____

PREMIUM FINANCE COMPANY SURETY BOND

STATE OF ALABAMA

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____ as Principal
and _____ a Corporation

organized and existing under the laws of the state of _____
and authorized to do business in the State of Alabama, as Surety, are
held and firmly bound unto Walter A. Bell, Commissioner of Insurance of
the State of Alabama, and his successors in office, in the sum of
_____ (\$ _____) Dollars
lawful money of the United States, for the payment of which well and
truly to be made, we bind ourselves and each of us, our heirs,
executors, administrators, successors and assigns, jointly and
severally, by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that, whereas, the Principal
has applied to the Commissioner of Insurance of the State of Alabama
for a license as an Insurance Premium Finance Company in accordance
with the provisions of Title 27, Chapter 40, Code of Alabama, 1975, and
provided that the Commissioner of Insurance in accordance with the
powers vested in him issue such license, the Principal shall faithfully
comply with all requirements of said Chapter.

NOW THEREFORE, if the Principal shall well and truly perform and
fulfill all the terms and conditions of such Chapter while said license
is in full force and effect, then this obligation shall be null and
void, otherwise, to remain in full force and effect.

PROVIDED, HOWEVER, that this bond is executed and accepted subject to
the following conditions:

THE SURETY shall only be liable for failure by the Principal to pay the
actual damages sustained as the direct result of a breach by said
Principal of a condition of said Chapter, and in no event shall the
Surety be liable for fines and/or penalties assessed against the
Principal for violations of said Chapter.

THIS BOND shall be continuous and shall operate as a new bond for each
license year it is in effect, provided, however, that the aggregate
liability of the surety under this bond on account of any and all
defaults hereunder shall in no event exceed the penal sum of this bond
regardless of the number of years this bond is in force.

THE SURETY hereunder may terminate its liability at any time by giving
thirty (30) days' written notice of its intent to cancel this bond,
such notice to be mailed to the Principal and to the Commissioner of
Insurance by certified or registered U.S. mail; and upon the Surety's
giving such notice, the Surety shall be discharged from any liability
occurring after the effective date of such cancellation.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this
_____ day of _____, 20____.

Countersignature of Alabama
Resident Agent:

PRINCIPAL

By: _____

SURETY

Type Name of Resident Agent

By: _____

Attorney-in-Fact

SAMPLE
WWW.SINC.COM

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: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 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
 OWNER'S NAME: _____ SPOUSE 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 **Toll Free: (888) 518-8011**
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