

SURETY BOND OF PROFESSIONAL FUNDRAISER OR COMMERCIAL CO-VENTURER

Office of the Attorney General
Consumer Protection Section
501 Washington Avenue
Montgomery, Alabama 36130-0152
(334) 242-7335

BOND ISSUING COMPANY

BOND NUMBER: _____

We, _____

INCLUDING TRADE NAME

ADDRESS

as Principal, and _____

NAME

ADDRESS

as Surety authorized to do business in the State of Alabama, are held and firmly bound to the Attorney General of the State of Alabama for the use of the State and to any person who may have a cause of action against the obligor of the bond for any malfeasance or misfeasance in the conduct of the solicitation. The bond has been undertaken by the principal in the amount of Ten Thousand Dollars (\$10,000.00) for the payment of which we bind ourselves, our heirs executors, administrators, successors and assigns, jointly and severally.

SIGNED, SEALED AND DATED, this ____ day of _____, .

TIMELY CLAIM

It is agreed that any claim under this bond must be made with the surety within one (1) year after the cancellation or expiration of this bond, whichever occurs first.

LIMITATION OF RESPONSIBILITY OF SURETY

This bond may not be construed to require the surety to be responsible for damages resulting from any malfeasance or misfeasance in the conduct of the solicitation after the expiration or revocation of this bond, provided that the surety gave at least 30 days advance written notice to the Attorney General's office by certified mail of the cancellation, revocation, or expiration of this bond.

LIMITATION ON SUM OF TOTAL LIABILITY

In no event shall the liability of the surety under this bond for all claims exceed the sum of this bond.

NOTICE OF CANCELLATION

This bond may be cancelled at any time by the surety upon giving thirty (30) days written notice to the professional fundraiser or commercial co-venturer and the Attorney General's Office by certified mail of such cancellation, it being understood that the surety shall be liable for any cause of action against the obligor of the bond for any malfeasance or misfeasance in the conduct of the solicitation prior to the date of cancellation.

This bond is issued in accordance with the provisions of the Alabama Charitable Solicitation Act, as amended, Code of Alabama, sections 13A-9-70 through 76. This bond shall be issued for the term from
to

SEAL

PRINCIPAL

By

OF

SURETY

SURETY

By

SAMPLE.COM
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 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail SAM@WWISINC.COM	Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235
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