

**Surety Bond  
(Sale of Checks Act)**

KNOW ALL MEN BY THESE PRESENTS: That we \_\_\_\_\_

\_\_\_\_\_  
(Name of Applicant), of

\_\_\_\_\_  
, as principal, and

\_\_\_\_\_  
(Name of Surety) of

\_\_\_\_\_, a corporation organized and existing

under the laws of the State of \_\_\_\_\_, and authorized to do business in the State of Alabama, for the use and benefit of any creditor of the principal for any liability incurred in connection with the selling, issuing or otherwise dispensing checks, drafts money orders, or other instruments for the transmission or payment of money and receiving money as agents for obligors for the purpose of paying such obligor's bills, invoices or accounts and for the use and benefit of any other person damaged by any failure to comply with the provisions of the Sale of Checks Act or by any breach of the conditions of this obligation in the sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) lawful money of the United States for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

Sealed with our seals and dates this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above-mentioned principal as applicant for license under the provisions of the Sale of Checks Act of Alabama and,

WHEREAS, said application has been approved by the Securities Commission of said State.

NOW, THEREFORE, if the principal will faithfully conform to and abide by the provisions of the aforesaid Act and will honestly and faithfully apply all funds received and perform all obligations and undertakings under the aforesaid Act and will pay to the state and to any person all money that becomes due and owing to the State or to such person under the provisions of the aforesaid Act because of any checks, drafts, money orders or other instruments for the transmission of money and the receipt of money as agent for obligors for the purpose of paying such obligors' bills, invoices or accounts by the aforesaid principal as a licensee under and by virtue of the provisions of the aforesaid Act, then this obligation to be void; otherwise, to remain in full force and effect.

It is understood and agreed that any person(s) having a claim under the conditions of this obligation may initiate suit in any court of competent jurisdiction against the Principal and/or the Surety upon this Bond.

WITNESS OUR SIGNATURES, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Principal \_\_\_\_\_ Surety \_\_\_\_\_

Title \_\_\_\_\_ Counter-Signature \_\_\_\_\_

Form USB

### ACKNOWLEDGMENT OF INDIVIDUAL

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before personally appeared \_\_\_\_\_ to me known to be the person described in and who executed the foregoing instrument, as Principal and acknowledged to me that he executed the same as his free act and deed.

(NOTARIAL SEAL)

\_\_\_\_\_  
Notary Public.

\_\_\_\_\_  
County

My commission expires \_\_\_\_\_

### ACKNOWLEDGMENT OF CORPORATION

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before personally appeared \_\_\_\_\_

and says that he is the \_\_\_\_\_ of \_\_\_\_\_ Principal heretofore name; that he executed the instrument for and in its behalf, by authority of its Board of Directors and affixed its seal thereto.

(NOTARIAL SEAL)

\_\_\_\_\_  
Notary Public.

\_\_\_\_\_  
County

My commission expires \_\_\_\_\_

## 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 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 ☐

### 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**