

HEARING AID DEALER SURETY BOND
Required by the Hearing Aid Dealer's Licensing Act, AS 08.55

Bond Number _____

KNOW ALL PERSONS BY THESE PRESENTS that _____ doing business as _____ as principal, and _____ a corporation duly authorized to transact surety business in the State of Alaska, as surety, are held in and firmly bound to the State of Alaska, in the sum of _____ thousand dollars (\$ _____) lawful money of the United States, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT: Whereas, the above bound principal has or is about to obtain a hearing aid dealer's license in the State of Alaska, in accordance with the provisions of AS 08.55 and desires to give bond as required by law.

NOW THEREFORE, if the principal, in compliance with AS 08.55 shall pay all taxes and contributions due the state and political subdivisions of the state, and amounts that may be adjudged against the applicant, or employer, or the employees by reason of negligently or improperly dealing in hearing aids or breaching a contract when dealing in hearing aids, the above obligation shall be null and void; otherwise to remain in full force and effect.

LIABILITY UNDER THIS BOND commences _____ and shall be continuous until the license is revoked or otherwise terminated by the Department of Community and Economic Development or until 30 days after the surety sends written notice of cancellation to the Department of Community and Economic Development, State of Alaska. The bond shall apply to all liens and liabilities which arise during the effective period of the bond and to which the bond is applicable under law, even if the judgment liens are foreclosed or valid liens settled after the effective period of the bond or the liabilities are enforced after the effective period of the bond.

IN WITNESS WHEREOF, the principal and the surety have signed and sealed this bond on (date).

PRINCIPAL

SURETY

Name: _____

Address: _____

Signature: _____

Attorney-in-Fact: _____

Title: _____

Agency Name: _____

This bond is not valid until signed by both principal and surety. Note: Surety's power of attorney must be attached.

Address: _____

Resident Agent: _____

Division of Occupational Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806

(Surety's Seal)

Surety Bond Application

AGENCY NAME: _____ AGENCY CONTACT: _____
 AGENCY PHONE: _____ AGENCY FAX: _____ AGENCY EMAIL: _____
 AGENCY ADDRESS: _____ 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: _____ Effective Date: _____ Expiration Date: _____

Type of Company **CORP** **LLC** **DBA** **PARTNERSHIP** Bond Amount: _____

(Obligee): _____

Obligee Address _____

SECTION II: GENERAL INFORMATION

Applicant's Name: _____ Spouse Name: _____

SS#: _____ Spouse SS#: _____ Home Phone: () _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Business Name: _____

Business Phone: () _____ Business Fax: () _____ E-mail: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Date Business BEGAN under present Individual or Firm Name: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES NO

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 OR PARTNERS AS REQUIRED

NAME: _____ SPOUSE NAME: _____

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

HOME ADDRESS: _____ City: _____ State: _____ Zip: _____

PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)

STATEMENT OF ASSETS AND LIABILITIES AS OF

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	
Name of Owners	Name and Title of Officers	% OWNERSHIP IN COMPANY	

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. 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.

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 Phoenix, AZ 85015

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