



ALASKA MORTGAGE LICENSEE SURETY BOND

Bond Number: _____

Nationwide Mortgage Licensing System Number: _____

_____, a sole proprietor or a business entity organized under the laws
(insert full legal name of mortgage licensee or applicant)
 of the State of _____ and having its principal place of business in the City of _____,
 State of _____, as Principal, and, _____, a business
(insert full legal name of surety)
 entity organized under the laws of the State of _____, and authorized to conduct a surety
 business in the State of Alaska, having its principal place of business in the City of _____, State of
 _____, as Surety, are held and firmly bound unto the State of Alaska and any other person who
 may have a cause of action against Principal for a violation of AS 06.60, known as the Alaska Secure and Fair
 Enforcement for Mortgage Licensing Act of 2010 ("Act"), or any regulation adopted under the Act in the full penal sum of
 SEVENTY-FIVE THOUSAND DOLLARS (\$75,000), lawful money of the United States, for the payment of which, we bind
 ourselves, our heirs, administrators, executors, successors, and assigns, jointly and severally.

Principal has applied to the State of Alaska, Department of Commerce, Community, and Economic Development
 ("Department"), for a license to conduct business as a mortgage licensee in full compliance with the Act.

Liability under the bond commences the _____ day of _____, _____ and shall be continuous until three years
 after the mortgage license is revoked or otherwise terminated by the Department.

NOW, THEREFORE, if Principal, including its agents, employees, and independent contractors, shall faithfully conform to
 and abide by the Act and regulations adopted under the Act, and pay to the Department, the Alaska Department of Law,
 or to another person who may have a cause of action against Principal under the Act or regulations adopted under the
 Act any and all moneys that may become due or owing from Principal to the Department, the Alaska Department of Law,
 or to another person, then this obligation shall be null and void, otherwise to remain in full force and effect. If Principal,
 including its agents, employees, and independent contractors, violates any provision of the Act or any regulation adopted
 under the Act and fails to pay all damages suffered or fees or penalties imposed by the Department, the Alaska
 Department of Law, or another person due to a violation of the Act or regulations adopted under the Act, Surety is
 obligated to pay the damages suffered or the fees or penalties imposed as a result of the violation up to the full amount of
 the bond.

No later than 90 days after receipt of a final order issued by a court or the Department that finds Principal has violated
 AS 06.60 or regulations adopted under AS 06.60 and orders Principal to pay a sum of money as a result of the violation,
 Surety shall pay the amount required in the final order to be paid to the Department, the Department of Law, or another
 person up to the full amount of the bond. If, at the time Surety makes payment under the bond, Surety has received a
 final order from more than one claimant and the total amount of the claims exceeds the bond amount, the Surety shall
 make a pro rata payment to all claimants who have submitted a final order to Surety under this bond.

The total liability under this bond for all causes of action arising during the period for which this bond is written shall not
 exceed the total sum of Seventy-Five Thousand Dollars (\$75,000).

No later than 14 days after Surety receives notice of an action against the bond or a final order of a court against Principal
 under this bond, Surety shall provide written notice of the action or final order to the Department.

Bond forms change; this is for educational purposes only.

Immediately upon a payment by Surety under the bond, the surety shall provide written notice of the payment to the Department.

Surety shall provide written notice by certified mail to Principal and the Department at least 30 days before canceling the surety bond for any reason. Obligations of Surety arising before the effective date of the cancellation shall not be affected by the termination of the bond.

Any notice required by this bond to be served on the Department shall be served on the Director of the Alaska Division of Banking and Securities.

**TO BE COMPLETED BY MORTGAGE LICENSEE:
(COMPLETE ONE OF THE FOLLOWING, INDIVIDUAL PRINCIPAL, PARTNERSHIP OR CORPORATE PRINCIPAL,
OR OTHER ENTITIES)**

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

INDIVIDUAL PRINCIPAL (SOLE PROPRIETORSHIP)

By: _____

Typed Name: _____

(Affix Seal if available)

PARTNERSHIP OR CORPORATE PRINCIPAL

By: _____

Typed Name: _____

Title: _____

Business Name: _____

(Affix Corporate Seal if available)

OTHER ENTITIES (LLC, LP & LLP) PRINCIPAL

By: _____

Typed Name: _____

Title: _____

Business Name: _____

(Affix Seal if available)

**TO BE COMPLETED BY NOTARY:
(COMPLETE ONE OF THE FOLLOWING, INDIVIDUAL PRINCIPAL, PARTNERSHIP, CORPORATION OR OTHER ENTITIES)**

ACKNOWLEDGMENT OF PRINCIPAL (Individual Principal – Sole Proprietor)

State of _____)
ss
County/Borough of _____)

On this _____ day of _____, _____, before me personally appeared _____, known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he/she executed the same.

Signature of Notary

Name - typed, stamped, or printed

Residing at

My commission expires: _____

ACKNOWLEDGMENT OF PRINCIPAL (Partnership)

State of _____)
ss
County/Borough of _____)

On this _____ day of _____, _____, before me personally appeared _____, who acknowledged himself/herself to be one of the partners of _____, a partnership, and that he/she, as such partner, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the partnership by himself/herself as a partner.

Signature of Notary

Name - typed, stamped, or printed

Residing at

My commission expires: _____

ACKNOWLEDGEMENT OF PRINCIPAL (Corporation)

State of _____)
ss
County/Borough of _____)

On this _____ day of _____, _____, before me personally appeared _____, who acknowledged himself/herself to be the

_____ of _____, a corporation, and that he/she, as such _____ being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself/herself as _____.

Signature of Notary

Name - typed, stamped, or printed

Residing at

My commission expires: _____

ACKNOWLEDGEMENT OF PRINCIPAL (Other Entities – LLC, LP & LLP)

State of _____)

ss

County/Borough of _____)

On this _____ day of _____, _____, before me personally appeared _____, who acknowledged himself/herself to be the _____ of _____, a LLC or LLP, and that he/she, as such _____ being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the LLC or LLP by himself/herself as _____.

Signature of Notary

Name - typed, stamped, or printed

Residing at

My commission expires: _____

TO BE COMPLETED BY SURETY:
INDIVIDUAL, PARTNERSHIP OR CORPORATE SURETY

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

By: _____

Typed Name: _____

Title: _____

Business Name: _____

(Affix Corporate Seal if available)

**TO BE COMPLETED BY NOTARY:
(COMPLETE CORPORATE OFFICER OR ATTORNEY-IN-FACT)**

ACKNOWLEDGMENT OF SURETY (Corporate Officer)

State of _____)
ss
County/Borough of _____)

On this _____ day of _____, _____, before me, a Notary Public in and for said County/Borough, personally appeared _____ personally known to me, who being by me duly sworn, did say that he/she is the aforesaid officer of the _____ of _____, a corporation duly organized and existing under the laws of the State of _____, that the seal affixed to the foregoing instrument is the corporate seal of said corporation, that the said instrument was signed, sealed and executed in behalf of said corporation by authority of its Board of Directors, and further acknowledges that the said instrument and the execution thereof to be the voluntary act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto subscribed by name and affixed by official seal at _____, the day and year last above written.

Signature of Notary

Name - typed, stamped, or printed

Residing at

My commission expires: _____

ACKNOWLEDGMENT OF SURETY (Attorney-In-Fact)

State of _____)
ss
County/Borough of _____)

On this _____ day of _____, _____, before me personally appeared _____, known to me or satisfactorily proven to the person whose name is subscribed as attorney-in-fact for _____ and acknowledged that he/she executed the same as the act of his/her principal for the purpose therein contained.

IN WITNESS WHEREOF, I hereunto subscribed my name and affixed my official seal at _____, the day and year last above written.

Signature of Notary

Name - typed, stamped, or printed

Residing at

My commission expires: _____

Note: A true and correct copy of the applicable "Power of Attorney" must be attached hereto where the Bond is subscribed to by an "Attorney in Fact".

Surety contact information for filing claim:

Name of Surety Representative _____

Street Address _____

City, State, Zip Code _____

Telephone Number _____

SAMPLE
WWWISINC.COM

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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