
STATE OF ALASKA PAID SOLICITOR SURETY BOND

PAID SOLICITOR FOR CHARITABLE ORGANIZATIONS
Ten Thousand Dollar Surety Bond (as required by AS 45.68.010)

The principal, _____ and surety, _____ agree and acknowledge that they are held and bound unto the STATE OF ALASKA in the sum of Ten Thousand Dollars (\$10,000) for the payment of which sum, principal and surety bind themselves and their respective heirs, executors, administrators, successors, and assigns jointly severally.

The condition of this obligation is that the principal is a registered paid solicitor for charitable organizations in the State of Alaska, or intends to timely file application for registration with the Alaska Department of Law, under AS 45.68.010. A condition of registration of principal as a paid solicitor for charitable organizations in Alaska is the furnishing of this bond in the sum of \$10,000 with good and sufficient surety.

This bond inures to the Alaska Department of Law for the benefit of the State of Alaska and to any person or entity which may have a cause of action against the principal for any violation of an obligation or requirement of AS 45.68 or 9 AAC 12 or any malfeasance or misfeasance in the conduct of solicitation activities by the principal and its members, officers, employees, subsidiaries, and subcontractors.

If the principal faithfully performs all obligations and requirements imposed under AS 45.68 and 9 AAC 12.010 - 9 AAC 12.900 pays all amounts due and owing for any liabilities to the state or a charitable organization, and has not engaged in any malfeasance or misfeasance in the conduct of the principal's business as a paid solicitor for charitable organizations, this bond obligation is discharged and void. Otherwise, the bond obligation will remain in effect.

The bond obligation is a continuing obligation, and the liability of the surety for any and all claims presented does not exceed the sum of \$10,000. The aggregate liability of the Surety shall not exceed the penal amount of this bond regardless of the number of years this bond remains in force or the number of claims under this bond.

Liability under this bond commences on _____. The bond continues in effect unless the surety terminates the bond by giving the principal and the Alaska Department of Law written notice 60 days in advance of the termination. If the surety terminates the bond in this manner, liability of the surety for acts of the principal and its agents continues during the 60-day period. The bond shall apply to all liabilities that arise during the effective period of the bond and to which the bond is applicable by law, even if the liabilities are enforced after the effective period of the bond.

DONE AND SIGNED THIS _____ DAY OF _____, _____.

PRINCIPAL (paid solicitor)

SURETY (must be authorized to do business
as a surety company in the State of Alaska)

Signature of officer (bond must be signed
by partner, if partnership; owner, if
proprietorship; president, vice president or
secretary of corporation)

Address

Telephone Number

Signature of officer

(printed name)

Attorney-in-fact

SAMPLE
WWWISINC.COM

Bond forms change; this is for educational purposes only.

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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