



## BOND OF ADMINISTRATOR

STATE OF ARIZONA BOND NO. : \_\_\_\_\_  
DEPARTMENT OF INSURANCE

### KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_,  
as Principal and Applicant for a Life and Health Insurance Administrator's Certificate of Registration (hereinafter "the Principal"), and \_\_\_\_\_,  
a corporate surety authorized to transact business in the State of Arizona, as Surety, (hereinafter "the Surety"), are held and firmly bound unto the State of Arizona, as Obligee, for the benefit and protection of insureds and insurers whose monies the Principal handles in (his/her/its) capacity as Administrator, in the amount of \_\_\_\_\_ Dollars (\_\_\_\_\_), lawful money of the United States of America, for the payment whereof, the said Principal and Surety bind themselves and their heirs, administrators, executors, successors and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, the Principal desires to act as an Insurance Administrator pursuant to the provisions of Title 20, Chapter 2, Article 9 of the Arizona Revised Statutes; and

**WHEREAS**, Section 20-485.06 of said Article 9 stipulates that the Principal shall act in a fiduciary capacity while handling charges, premiums, return premiums or any other funds belonging to others while performing his duties as administrator.

**NOW, THEREFORE**, the conditions of this obligation are such that if the said Principal shall faithfully perform (his/her/its) duties as Administrator and fulfill all obligations imposed upon said Principal by the provisions of Title 20, Chapter 2, Article 9, Arizona Revised Statutes, then this bond shall be void, otherwise to remain in full force and effect, subject to the following conditions:

- This bond, drawn and executed in the manner prescribed by A.R.S. §20-485.10 shall remain in force until released by the Director of Insurance or until cancelled by the Surety. Without prejudice to the liability previously incurred thereunder, the Surety may cancel, decrease or increase this bond only upon thirty (30) days advance written notice filed with the Director of Insurance.*
- In the event the said Principal shall fail to pay any benefits (he/she/it) is legally obligated to pay, or an insured or insurer shall suffer a loss by reason of acts of fraud or dishonesty, this bond shall immediately and automatically become due.*
- The undersigned are jointly and severally held and firmly bound for the payment of all legal costs, including reasonable attorneys' fees incurred in all or any actions or proceedings taken to enforce payment of this bond.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Principal

Countersigned at:

By \_\_\_\_\_

\_\_\_\_\_, Arizona

Surety

Arizona Resident Agent (A.R.S. §20-229)

Attorney in Fact

**POWER OF ATTORNEY MUST BE ATTACHED TO THIS BOND**

# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
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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