INSURANCE LICENSING SECTION 2910 NORTH 44TH STREET, SUITE 210 PHOENIX, ARIZONA 85018-7269

BOND NUMBER:	
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BOND OF BAIL	BOND AGENT	(FORM L-195)
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I/We.	. as	Principal for
I/We,an Arizona Bail Bond Agent license and	,	, as an
admitted surety insurer ("Surety"), bind ourselves to the pen (\$10,000.00) to the People of the State of Arizona. The totalimited to Ten Thousand Dollars (\$10,000.00).	al sum of Ten Thousand Doll	ars
This conditions of this obligation are such that if the F Agent license, Principal shall make full accounting and due of monies and collateral coming into the Principal's possess under the license.	payment to the person entitle	d to this bond
This bond shall remain in force as prescribed by Arizoneleased by the Director of Insurance or until canceled by the previously incurred thereunder, the Surety may cancel the buritten notice filed with the Director of Insurance.	e Surety. Without prejudice t	o any liability
Dated this day of,	20	
(if principal is a	Full Signature of Principal (B) business entity, then signature of member,	
By:	Full Name of Surety Insurer	
C Dy.	Signature of Attorney-in-fact	t
9	(Affix Surety company seal)	
Signature of Surety's Arizona-licensed Casualty Producer		
Printed Name and Arizona License Number of Surety's Ariz	ona-licensed Casualty Produc	cer

Any grants against the Ctate of Anima

Any surety company duly authorized to transact casualty insurance business in the State of Arizona may become Surety on this bond.

This bond must be countersigned by an Arizona licensed casualty producer of the Surety. A power of attorney must be attached to this bond. This bond must be signed by the principal and the Surety's attorney-in-fact.

Surety Bond Application

AGENCY NAME:	AGENCY CONTACT:					
AGENCY PHONE:AGE			CY EMAIL:			
AGENCY ADDRESS:	City:		State:	Zip:		
CURRENT OR EXPIRING QUOTE WE ARE	LOOKING TO BEAT	?				
NAME OF PREVIOUS SURETY COMPANY	WRITING THE BONI	0?				
SECTION I: BOND APPLIED FOR						
Type of Bond:	Effectiv	ve Date:	Expiration Date	:		
Type of Company CORP LLC DBA	☐ PARTNERSHIP	☐ Bond Amo	unt:			
(Obligee):						
Obligee Address						
SECTION II: GENERAL INFORMATION						
Applicant's Name:						
SS#:Spouse S	S#:	Ho	me Phone: ()			
Residence Address:	City:	St	ate:	Zip:		
Business Name:						
Business Phone: ()	Business Fax: ()	E-mail:			
Business Address:	City:	St	ate:	Zip:		
Date Business BEGAN under present Individ	ual or Firm Name:		BUSINESS TAX ID:			
HAS ANY COMPANY REFUSED TO ISSUE	BONDS	DO YOU HAVE ANY				
FOR ANY PURPOSE?			VED EILED BANKDLI	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 OWNER						
NAME:	SPOUSE N	IAME:	•			
SS#:	SPOUSE S	SS#:	PHON	E:		
HOME ADDRESS:	City:		state:			
PERSONAL FINANCIALS (IF MORE			OUT THIS APPLICA	ATION)		
ST		TS AND LIABILITIES	AS OF	<u> </u>		
ASSETS CASH IN DANK		NOTES PAYABLE TO	LIABILITIES	<u> </u>		
CASH IN BANK CASH ON HAND		NOTES TO OTHERS				
STOCKS AND BONDS		ACCOUNTS PAYABI				
ACCOUNTS RECEIVABLE		FEDERAL & STATE	NCOME TAX DUE			
NOTES RECEIVABLE		ALL OTHER TAXES				
INVENTORY		ACCRUALS, PAYRO	LLS, ETC.			
CASH VALUE LIFE INSURANCE EQUIPMENT		DUE ON EQUIPMEN	т			
REAL ESTATE		DUE ON REAL ESTATE				
OTHER ASSETS		OTHER LIABILITIES				
		CAPITAL STOCK (if a corporation)				
		SURPLUS AND UND	IVIDED PROFITS			
TOTAL ACCETS		TOTAL LIABULTIES				
TOTAL ASSETS		NET WORTH				
Name of Owners	Name and T	itle of Officers	% OWNERSH	IIP 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.

Worldwide Insurance Specialists, Inc 2424 W. Missouri AVE Phoenix, AZ 85015 Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235