

**Please mail Registration to:**  
**Secretary of State Jan Brewer**  
Contracted Fundraisers Division  
1700 West Washington, 7<sup>th</sup> Floor  
Phoenix, AZ 85007  
Tucson Office: 400 W. Congress Ste. 252  
(602) 542-6187  
(800) 458-5842



FILE NUMBER \_\_\_\_\_

## CONTRACTED FUNDRAISER BOND

That \_\_\_\_\_  
Name of Contracted Fundraiser

\_\_\_\_\_  
Address of Contracted Fundraiser

A (an) Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

And \_\_\_\_\_  
Surety

A corporation duly authorized and licensed to transact surety business in the State of Arizona are held and bound to the State of Arizona for the benefit of any person who suffers financial damage as a result of any violation of Title 44, Chapter 19, Article 1, Arizona Revised Statutes or as a result of an unlawful practice pursuant to A.R.S. §44-1522 in the sum of twenty five thousand dollars (\$25,000.00).

The Contracted Fundraiser submits this bond to comply with the provisions of A.R.S. §44-6554.

1. This bond shall be subject to claims by any person who suffers financial damage as a result of any violation of Title 44, Chapter 19, Article 1, Arizona Revised Statutes or as a result of an unlawful practice pursuant to A.R.S. §44-1522. A person who makes a claim against the bond may maintain an action against the Contracted Fundraiser and the Surety, except that the Surety is liable only for any monies paid by the purchase to the Contracted Fundraiser of solicitor, plus reasonable attorney fees.
2. No claim may be made against the bond more than four years after the act or omission on which the suit is based.
3. Subject to the limitations in Title 44, Chapter 19, Article 1, Arizona Revised Statutes, a Surety is liable for damages for an act or omission during the time the bond is in effect.
4. The aggregate liability of the Surety to all persons for all breaches of the conditions of the bond provided in A.R.S. §44-6554 shall not exceed the amount of the bond.

5. This bond may be sued upon in successive actions until the full amount is exhausted.
6. This bond shall remain in force as prescribed by A.R.S. §44-6554 until cancelled by the Surety. Without prejudice to any liability previously incurred thereunder, the Surety may for nay cause cancel the bond by giving sixty days advance written notice, by certified mail, of the cancellation to the State Treasurer, the Attorney and Contracted Fundraiser.

This bond becomes effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

This bond expires on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Contracted Fundraiser

\_\_\_\_\_  
Title of Contracted Fundraiser Signer

\_\_\_\_\_  
Surety Company Signature

\_\_\_\_\_  
Surety Company Name

By: \_\_\_\_\_  
Name and Capacity of person Signing as Surety (Must be notarized)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public Signature \_\_\_\_\_  
(NOTARY SEAL)

Countersigned: Arizona Resident Agent

Signature: \_\_\_\_\_

Type Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

A licensed Arizona Resident Agent of this surety must countersign each bond. Power of Attorney must be attached to this bond unless a corporate officer signs the bond.  
(A.R.S. §7-101)

# 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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2424 W. Missouri AVE  
Phoenix, AZ 85015

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