

# State of Arizona Corporation Commission

1200 West Washington Street  
Phoenix, Arizona 85007-2996

## **SURETY BOND CREDIT SERVICES ORGANIZATION (Civil Code Section 44-1703)**

Bond Number \_\_\_\_\_

### **KNOW ALL PERSONS BY THESE PRESENTS:**

That \_\_\_\_\_  
(Name of Principal)

doing business as \_\_\_\_\_  
(Name of Business)

credit services organization, whose address is

\_\_\_\_\_  
Street Address City State Zip

as PRINCIPAL, and \_\_\_\_\_ I a corporation  
(Name of Surety)

organized under the laws of \_\_\_\_\_ and authorized to transact a general surety business in the State of Arizona, as SURETY, are held and firmly bound to the State of Arizona in the penal sum of \_\_\_\_\_ for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

**WHEREAS**, the provisions of 44-1708 of the Civil Code, require that the Principal file or have on file with the Corporation Commission a copy of a bond and this bond is executed and tendered in accordance therewith.

**NOW THEREFORE**, the conditions of the foregoing obligations are that if the Principal complies with the provisions of article 44-1708 of the Civil Code of the State of Arizona and pays all sums due any individual or group of individuals when such Principal or its representative or agent has received such sums, and pays all damages occasioned to any person by unlawful acts or omissions of the Principal mentioned above, or of its agents or employees while acting within the scope of their employment, then this obligation is to be void; otherwise it is to remain in full force and effect.

**PROVIDED HOWEVER**, this bond is issued subject to the following express conditions:

1. A person claiming against the bond for violation of this article may maintain an action at law against the credit services organization and against the surety.
2. The surety is liable only for actual damages and not the punitive damages permitted under 44-1711. The aggregate liability of the surety to all persons damaged by a credit services organization's violation of this article shall in no event exceed the amount of the bond.
3. The bond shall be in an amount equal to five percent of the total amount of the fees charged buyers by the credit services organization and the buyers during the previous twelve months, but in no case shall the bond be less than five thousand dollars or more than twenty-five thousand dollars. The amount required shall be adjusted once a year, no later than the tenth day of the first month of the credit services organization's fiscal year.

\_\_\_\_\_  
(Name of Surety)

\_\_\_\_\_  
(Address of Surety)

This bond shall be effective the from the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

I certify under penalty of perjury, under the laws of the State of Arizona, that I have executed the foregoing bond under an unrevoked power of attorney.

Executed in \_\_\_\_\_ on \_\_\_\_\_  
(City, State) (Date)

\_\_\_\_\_  
Signature of Attorney-In-Fact for Surety

\_\_\_\_\_  
Printed or Typed Name of Attorney-in-Fact for Surety

Name of Principal:

\_\_\_\_\_  
Signature for Principal

\_\_\_\_\_  
Printed or Typed Name

# 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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