

SURETY BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS that we, _____
as Principal, and _____, a Corporation, qualified
and authorized to do business in the State of Arizona as a Surety, are held and firmly bound unto the State
of Arizona, Board of Technical Registration for use and benefit of any injured person as defined below, in
the sum of TWENTY-FIVE THOUSAND AND NO/100 (\$25,000.00) lawful money of the United States
of America, to be paid to any injured person for which payment well and truly be made, we bind ourselves,
our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above named Principal has made application to the Board of Technical Registration, State
of Arizona, for certification as a Home Inspector within the meaning of Title 32, Article 1, of the Arizona
Revised Statutes and rules adopted pursuant thereto and is required by the provisions of such statutes and
rules to furnish a bond in the sum named above.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall strictly, honestly and
faithfully comply with the provisions of the statutes and rules adopted pursuant thereto and shall satisfy any
final judgment in favor of an injured person arising out of any transaction governed by the provisions of
such statutes and rules, then this obligation shall be void; otherwise to remain in full force and effect.

“Injured Person” as used herein means any person who contracts with a Certified Home Inspector to obtain
a home inspection and who is damaged by the failure of the home inspector to perform the inspection or
related services in accordance with the provisions of Title 32, Article 1, of the Arizona Revised Statutes
and the rules adopted pursuant thereto.

This bond shall become effective on _____, and shall remain in force until the
Surety is released from liability to the Board of Technical Registration, State of Arizona, or until this bond
is cancelled by the Surety. The Surety may cancel this bond and be relieved of further liability hereunder
by giving thirty days written notice to the Principal and to the Board of Technical Registration at its offices.

This bond shall be one continuing obligation, and the liability of the Surety for the aggregate of any and all
claims which have been awarded by litigation and deemed uncollectible shall in no event exceed the
amount of the penalty hereof.

In witness whereof, the signature of the Principal hereto is affixed, and the corporate seal and the name of
the Surety hereto is affixed and attested by its duly authorized officers at Phoenix, Arizona, this
_____ day of _____, 200_____.

(Print name of principal officer)

BY: _____
(Signature of Principal)

BY: _____
, Attorney-in-Fact

Filed with the Secretary of State on 8-20-02.
APPLICABLE LAW
Arizona Revised Statutes § 32-122.02(B)(2).

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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 Phoenix, AZ 85015

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