

ARIZONA SUPREME COURT  
PRIVATE FIDUCIARY CERTIFICATION SURETY BOND  
A.R.S. § 14-5651

BOND NUMBER: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS that \_\_\_\_\_,  
as Principal, and \_\_\_\_\_, duly licensed by the  
Director of the Department of Insurance to transact surety business in the State of Arizona, as Surety, are held and  
firmly bound unto the State of Arizona and the Arizona Supreme Court as obligee in the sum of Ten Thousand  
Dollars (\$10,000.00) in lawful money of the United States of America, for the payment of which, well and truly to  
be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by  
these presents.

WHEREAS, the Principal has made application for license to become a certified fiduciary with the Arizona  
Supreme Court, pursuant to A.R.S. § 14-5651 and the Arizona Supreme Court Administrative Order No. 98-53; and

WHEREAS, the Arizona Supreme Court Administrative Order No. 98-53, Rule 2.14, requires the Principal  
to post a surety bond in the penal sum of Ten Thousand Dollars (\$10,000.00), to guarantee payment to the Arizona  
Supreme Court of all costs and expenses associated with any investigation or hearing conducted pursuant to A.R.S.  
§ 14-5651.

NOW, THEREFORE, the condition of this obligation is such that, if the Principal shall pay all cost and  
expenses ordered by the obligee arising out of the investigation and hearing of acts committed by the Principal  
during the term of this bond, then this obligation shall be null and void, otherwise the bond shall remain in full force  
and effect and the obligee may order the Surety to forfeit the penal sum of this bond to the extent necessary to  
compensate obligee for any and all costs and expenses it incurred to conduct the investigation and hearing in the  
event the Principal is found by the Director to have violated any rule pursuant to A.R.S. § 14-5651. The Surety will  
be obligated to submit payment to the obligee within (60) days of the receipt of the order.

This bond shall be continuous in form and is conditioned so that the total aggregate liability of the Surety  
for all claims by the obligee shall be limited to the face amount of the surety bond irrespective of the number of  
years that the bond is in force and effect.

The effective date of this bond shall be concurrent with the date signed and sealed, provided that the Surety  
may cancel its liability for future acts of the Principal upon written notice by the Surety to the obligee and the  
Principal no less than (30) days prior to the cancellation date. Notice to the obligee of cancellation of the bond shall  
be provided by certified mail, addressed to the Private Fiduciary Program Coordinator, Certification Unit, Court  
Services Division, 1501 W. Washington St., Suite #410, Phoenix, AZ 85007.

Provided, however that, upon expiration or surrender of the Principal's certification the bond shall be  
returned to the Principal and the Surety one hundred twenty (120) days after said expiration or surrender provided  
that there is no investigation or hearing on-going at the end of the 120 day period relating to acts of the Principal that  
occurred during the term of the bond.

SIGNED, SEALED AND DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Arizona Countersignature:

PRINCIPAL

by: \_\_\_\_\_  
\_\_\_\_\_, Arizona Resident Agent

by \_\_\_\_\_  
Principal

SURETY COMPANY

by: \_\_\_\_\_  
\_\_\_\_\_, Attorney-in-Fact

# 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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