

STATE OF ARIZONA

Department of Real Estate
2910 N. 44th Street, Phoenix, AZ 85018
Telephone (602) 468-1414 / Facsimile (602) 468-0562

SURETY BOND

No. _____

_____, as Principal and applicant for an Arizona real estate salesperson's/broker's license, and _____, a surety company authorized to transact business in the state of Arizona, as Surety, do hereby bind ourselves, our heirs, executors, administrators and successors, jointly and severally, to the penal sum of \$_____ U.S. dollars, made payable to the State of Arizona, in the event that the Principal violates any or all conditions of this bond.

The total aggregate liability under this bond is \$_____ U.S. dollars.

The conditions of this bond are that the Principal, if granted a real estate salesperson's/broker's license, shall at all times conduct his/her business activities in compliance with Title 32, Chapter 20, of Arizona Revised Statutes, and Article 4, Chapter 28, of the Arizona Administrative Code (Commissioner's Rules).

Any payments under this bond shall be limited to actual damages, not to exceed the aforesaid aggregate liability, which are suffered by any person(s) injured as a result of an act, representation, transaction or conduct of the Principal while actively licensed, including reasonable attorneys fees and court costs and excluding post-judgment interest and punitive damages. Any payments under this bond shall also be limited to actual damages, not to exceed the aforesaid aggregate liability, arising out of a transaction in which the Principal performed acts for which a real estate license is required or when the aggrieved person(s) was/were harmed due to reliance on the Principal's licensed status.

The bond shall remain in full force and effect as prescribed by A.R.S. § 32-2193.02 from _____ until _____ or until released by the Real Estate Commissioner or cancelled by the Surety; without prejudice to any liability previously incurred thereunder, the Surety may cancel the bond upon thirty (30) days advance written notice filed with the Real Estate Commissioner.

Principal Name: _____ Name of Surety: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Principal Signature _____ Date _____ By: _____ Signature of Attorney-in-Fact _____ Date _____

Countersigned at _____, Arizona Printed Name: _____

By: _____

Printed Name, Arizona Resident Agent



(Surety seal)

Any surety company duly authorized to transact business in the state of Arizona may become surety on this bond. This bond must be countersigned by a licensed resident Arizona agent of the Surety. A power of attorney must be attached to this bond. The signature of the Principal must be indicated on this bond. (Ref. A.R.S. § 20-299)

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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