



**MICHELE
REAGAN**
Secretary of State

**State of Arizona – Office of the Secretary of State
Telephone Solicitation Bond**

SEND BY MAIL TO:

Secretary of State Michele Reagan, Atten: Telephone Solicitation
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:

PHOENIX - State Capitol Executive Tower, 1700 W. Washington Street, 1st Fl., Room 103
TUCSON - Arizona State Complex, 400 W. Congress, 1st Fl., Suite 141

Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842.

FILE NUMBER _____

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY – REV. 01/05/15

TELEPHONE SOLICITATION BOND A.R.S. § 44-1274

A Seller submits this bond to comply with the provisions of A.R.S. § 44-1274.

Refer to the Telephone Solicitation Bond Instruction sheet for more information on the requirements of filing this bond.

That _____

Name of the Seller

Address of the Seller's Principal Place of Business (include street/ste. no) _____ City _____ State _____ Zip Code _____

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 consumer who suffers financial damage as a result of a violation of Title 44, Chapter 9, Article 6, Arizona Revised Statutes or as a result of an unlawful practice pursuant to A.R.S. § 44-1522 in the sum of one hundred thousand dollars (\$100,000.00).

1. The Seller submits this bond to comply with the provisions of A.R.S. § 44-1522. A consumer who makes a claim against the bond may maintain an action against the Seller and the Surety, except that the Surety is liable only for any monies paid by the consumer to the Seller or 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 9, Article 6, Arizona Revised Statutes, 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 consumers for all breaches of the conditions of the bond provided in A.R.S. § 44-1274 shall not exceed the amount of the bond.
5. The 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. § 44-1274 until canceled by the Surety. Without prejudice to any liability previously incurred thereunder, the Surety may for any cause cancel the bond by giving sixty (60) days advanced written notice, by certified mail, or the cancellation to the State Treasurer, the Attorney General and the Seller.

This bond becomes effective on the _____ day of _____, 20 _____

This bond expires on _____ day of _____, 20 _____

Printed Name of Seller	Seller Signature	Seller Title	Date
Surety Company Signature		Surety Company Printed Name	Date
By Printed Name and Capacity of person Signing as Surety (Must be notarized)			

Power of Attorney must be attached to this bond unless a corporate officer signs the bond (A.R.S. § 7-101).

State of Arizona _____) The foregoing instrument was acknowledged before me this _____ day
County of _____) of _____, 20 _____.

(notary seal)

Notary Public

Countersigned **Bond forms change; this is for educational purposes only.**

Signature of Counter-signer	Printed or Typed Name of Counter-signer	Date
Street Address	City	State
		Zip Code

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.

Worldwide Insurance Specialists, Inc
2424 W. Missouri AVE
Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM