

SURETY BOND

STATE OF ARKANSAS State Board of Collection Agencies Division of Check-cashing

Bond Number _____

Principal

Surety

Principal's Store Location

Mailing Address

City, State & Zip Code

City, State & zip Code

KNOW ALL PERSONS BY THESE PRESENTS:

That we, the above-named Principal and the above-named Surety, are held firmly bound unto the State of Arkansas? in the sum of FIFTY THOUSAND DOLLARS (\$50,000) payable in lawful money of the United States of America to the State of Arkansas for the use and benefit of the State and/or any injured party. We firmly bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

The Conditions of the Above Obligations Are Such That:

The above-bound Principal is licensed or has applied for a license to transact the business of check-cashing as provided by Act 1216 of 1999 now codified as Arkansas Code Annotated §23-52- 101 *et seq.* (as amended) known as the "Check-cashers Act."

The above-bound Principal shall faithfully comply with and abide by each and every provision of said Act and all the Rules and Regulations promulgated thereunder and shall faithfully perform the duties and obligations pertaining to the business of check-cashing/deferred presentment services.

Principal and/or Surety shall satisfy (a) any loss or damages suffered by the State and/or any person(s) of the State resulting from the Principal's violation of any provision of Act 1216 of 1999 (as amended) or the Rules and Regulations promulgated thereunder and (b) any civil penalties levied by the Arkansas State Board of Collection Agencies due to Principal's violation of any provision of Act 1216 of 1999 (as amended) or the Rules and Regulations promulgated thereunder. The Arkansas State Board of

Collection Agencies shall have the right to bring an action on this bond against the Principal or Surety for the *amount* of damages sustained and/or civil penalties levied.

This bond, upon written demand of the Arkansas State Board of Collection Agencies, shall be paid to the Arkansas state Board of Collection Agencies in accordance with said Rules and Regulations.

The aggregate liability of the Surety for a breach of the conditions of the bond shall, in no event, exceed the amount of the bond. The Surety shall have the right to cancel such bond upon written notice to the Arkansas State Board of Collection Agencies, given at least thirty (30) days prior to the effective date of such termination; and that thereafter the Surety shall be relieved of liability for any breach of condition occurring after the effective date of the cancellation. This bond is effective until canceled by the Surety.

IN WITNESS WHEREOF, said Principal and Surety have executed this bond, this

PRINCIPAL:

Principal (please print) _____

By: _____

Signature _____

Name and Title (please print) _____

SURETY:

By: _____

Signature of Attorney-in-Fact _____

Name and Title of Attorney-in-Fact (please print) _____

Address of Attorney-in-Fact _____

Phone Number or Attorney-in-Fact _____

(SEAL)

(Attach Power of Attorney)

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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