

SURETY BOND

STATE OF ARKANSAS
State Board of Collection Agencies

Bond Number _____

KNOW ALL PERSONS B Y THESE PRESENTS:

That we, _____, as Principal whose address is _____ and _____ as Surety are held firmly bound unto the State of Arkansas, in the SUM Of _____ DOLLARS(\$ _____) 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 person, partnership, LLC, association or corporation giving the bond shall, upon written demand, pay to the Arkansas State Board of Collection agencies for the party from whom any account, bill or other indebtedness is taken for collection, in accordance with the terms of the agreement upon which it was received for collection and in accordance with the Rules and Regulations of the Arkansas State Board of Collection Agencies.

That 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 a 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 ____ day of _____

PRINCIPAL:

(Please print)
By: _____
Signature

Name and Title (please print)

SURETY:

(Please print)
By: _____
Signature

Name and Title (please pi int)

(SEAL)

(Attach Power of Attorney)

Bond forms change; this is for educational purposes only.

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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