



**DUSTIN McDANIEL**  
 ATTORNEY GENERAL  
 OFFICE OF THE ATTORNEY GENERAL  
 323 CENTER STREET, Suite 200  
 LITTLE ROCK, AR 72201-2610 (501) 682-2007

**BOND FOR PAID SOLICITOR**

**AMOUNT \$10,000.00**

**INSURANCE COMPANY BOND NO. \_\_\_\_\_**

KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_ (Legal Name of Paid Solicitor), as Principal, and \_\_\_\_\_ (Name of Surety Company), a Surety authorized to do business in the State of Arkansas, are held and firmly bound to the ATTORNEY GENERAL OF THE STATE OF ARKANSAS for the use of the STATE OF ARKANSAS and any person who may have a cause of action against the principal obligor for any deceptive trade practice, malfeasance, or misfeasance of the Principal or any professional telemarketer retained by him in the conduct of a solicitation in the amount of Ten Thousand Dollars (\$10,000), lawful money of the United States of America for the payment of which well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by this document.

WHEREAS, the above named Principal has applied to the Attorney General of the State of Arkansas to register as a Paid Solicitor for the period ending \_\_\_\_\_, in accordance with the provisions of Ark. Code Ann. § 4-28-401 *et seq.*, and is required to furnish a surety bond with such registration.

And, if the Principal shall fully and faithfully observe all provisions of Ark. Code Ann. § 4-28-401 *et seq.* and other relevant Arkansas law, then this obligation shall be void, otherwise to remain in full force and effect.

The Surety may cancel this bond at any time by filing notice of its intent to cancel or terminate this bond with the Attorney General of the State of Arkansas in writing by certified mail with thirty (30) days advance notice. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the thirty (30) day period.

This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**PAID SOLICITOR/PRINCIPAL**  
 Legal Name of Person, Corporation, or Entity

\_\_\_\_\_  
**SURETY**

BY: \_\_\_\_\_  
 Signature of paid solicitor authorized individual  
 \_\_\_\_\_  
 Type or print name  
 \_\_\_\_\_  
 Business Address  
 \_\_\_\_\_  
 Telephone

BY: \_\_\_\_\_  
 Signature of surety authorized individual  
 \_\_\_\_\_  
 Type or print name  
 \_\_\_\_\_  
 Business Address  
 \_\_\_\_\_  
 Telephone

**FOR PAID SOLICITOR/PRINCIPAL:**

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

On this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, who acknowledged himself/herself to be the \_\_\_\_\_  
(Name of Individual) (Title/Position)  
of \_\_\_\_\_, and that as such \_\_\_\_\_  
(Name of Paid Solicitor/Principal) (Title/Position)  
being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name  
of \_\_\_\_\_ by himself/herself as \_\_\_\_\_.  
(Name of Paid Solicitor/Principal) (Title/Position)

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

STAMP or SEAL:

\_\_\_\_\_  
PRINTED NAME

**FOR SURETY:**

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

On this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, who acknowledged himself/herself to be the \_\_\_\_\_  
(Name of Individual) (Title/Position)  
of \_\_\_\_\_ and that as such \_\_\_\_\_ being authorized so to do,  
(Name of Surety) (Title/Position)  
executed the foregoing instrument for the purposes therein contained, by signing the name \_\_\_\_\_  
(Name of Surety)  
by himself/herself as \_\_\_\_\_.  
(Title/Position)

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission Expires:

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

STAMP or SEAL:

\_\_\_\_\_  
PRINTED NAME

**FILL IN ALL AREAS ON THIS FORM – THE FORM WILL BE RETURNED IF AREAS ARE LEFT BLANK.**

# 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>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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](mailto:WWIS@WWISINC.COM)**