

UNIFORM SURETY BOND FORM

STATE OF ARKANSAS

**SECURITIES DEPARTMENT
LITTLE ROCK, ARKANSAS**

Bond No. _____

KNOW ALL PERSONS BY THESE PRESENTS:

That, _____
(name and address of broker-dealer, investment adviser, or agent of the issuer)

as Principal, having filed with the office of the Arkansas Securities Department ("Department")

on or about the _____ day of _____, _____, an application to transact business in

the State of Arkansas as a _____ and
(designate whether principal is a broker-dealer, investment adviser, or agent of the issuer)

_____ as Surety, a corporation
(name and address of Surety)

organized under the laws of the State/Commonwealth/Territory of _____ and being duly authorized to transact the business of indemnity and surety in this State, do hereby acknowledge our indebtedness to any person having a claim pursuant to a cause of action brought against the Principal under the Arkansas Securities Act [Ark. Code Ann. § 23-42-101 et seq.] ("Act"). As required by the Act and Rules of the Arkansas Securities Commissioner ("Rules"), this surety bond ("Bond") is in the amount of _____ dollars (_____), and provides that the aggregate liability hereunder to all persons shall not exceed the amount specified for the bond, regardless of the number of claimants, and shall not be construed as individual liability.

Liability for the payment of the amount to which we hereby obligate and bond ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, becomes effective upon the following conditions:

1. Registration of the Principal to transact business in the State of Arkansas as a _____
(broker-dealer, investment adviser, or agent of the issuer)
2. Failure by the Principal to strictly comply with all applicable provisions of the Act and Rules.

This Bond shall expire at such time as the registration of the Principal is withdrawn, terminates through non-renewal, or is revoked by the Arkansas Securities Commissioner, except as to liability for acts or omissions which occur prior to such time. This Bond may also be cancelled by the Surety upon sixty days prior written notice by registered mail to the Principal and to the

Arkansas Securities Department ("Department"), in which case this Bond shall be considered cancelled upon the expiration of said sixty day period, except as to liability for acts or omissions which occur prior to the date of cancellation. Notice shall be deemed effective upon the receipt by the Department of said written notice along with sufficient proof of notice to the Principal.

No suit may be maintained to enforce any liability arising under this Bond unless brought within five years after the act or omission upon which jurisdiction is established against the Principal and/or the Surety upon this Bond.

It is understood and agreed that any person(s) having a claim under the conditions of this obligation may initiate suit in any court of competent jurisdiction against the Principal and/or the Surety upon this Bond.

WITNESS OUR SIGNATURES, this _____ day of _____, _____.

Principal

By

Surety

By

ACKNOWLEDGMENT

STATE OF _____)

COUNTY OF _____)

On this _____ day of _____, _____, before me personally appeared _____, to me known to be the person described herein and
(Authorized Representative of Principal)
who executed the foregoing instrument, as the authorized representative of the Principal and acknowledged to me that he executed the same.

(NOTARY SEAL)

Notary Public,

County, _____

My commission expires _____

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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