

ARKANSAS SCHOLARSHIP LOTTERY UNIFORM SURETY BOND

All bonds must be acknowledged on Acknowledgement of Principal Form.

Type or print all information requested.

Principal Applicant Information			Surety/Security Information		
Applicant Name			Legal Name of Surety Company		
Mailing Address			Mailing Address of Surety Company		
City	County		City	County	
State	Zip	Operator #	State	Zip	
Bond Effective Date		Bond #	Bond Amount		

The applicant as PRINCIPAL and the named surety company as SURETY, duly authorized and qualified to do business as a surety company in the state of Arkansas, are held and firmly bound to the state of Arkansas in the sum of _____, payable to the Arkansas Lottery Commission, P.O. Box 3238, Little Rock, Arkansas, 72203, and for the payment of which we bind ourselves, our heirs, executor, and assigns jointly and severally.

BOND CONDITIONS

The Principal is operating under the Law of the state of Arkansas as a licensed lottery retailer and is required to provide security pursuant to Ark. Code Ann. § 23-115-603.

The condition of the above obligation is such, that if the Principal shall, during the period this bond remains in force, in all things comply with the Arkansas laws and regulations including all amendments thereto relating to lottery operations, collection, and remittance of the state of Arkansas share of lottery proceeds to the Principal, then this obligation shall become void; otherwise to remain in full force and effect.

The bond may be cancelled by the Surety as to future liability by giving written notice by certified mail to the Principal and to the Arkansas Lottery Commission at Little Rock, Arkansas, and sixty days after the receipt of said notice by the Arkansas Lottery Commission this bond is null and void as to any liability arising thereafter; however, the Surety remains liable for all terms and conditions of this bond for all acts or occurrences prior to the date of notice.

No cause of action shall lie against the Surety unless commenced within one year from the date the cause of action accrues against the Principal. Regardless of the number of years this bond shall continue in force and the number of premiums which shall be payable or paid, the Surety's total limit of liability shall not be cumulative from year to year or period to period and in no event shall the Surety's aggregate liability exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

In witness whereof we have set our hands and seal this _____ day of _____, _____.

(Seal)

Principal
Surety
Resident Arkansas Agent Where Required

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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