



STATE OF ARKANSAS
 SECURITIES DEPARTMENT
 HERITAGE WEST BUILDING, SUITE 300
 201 EAST MARKHAM STREET
 LITTLE Rock, AR 72201



TELEPHONE: 501.324.9260 FAX: 501.324.9268 INTERNET: www.securities.arkansas.gov

FMLA Form 008

SURETY BOND

Bond Number: _____

THIS SURETY BOND is given by

 Name

 Address

 City State Zip

As SURETY, and

 Name

 Address

 City State Zip

As PRINCIPAL.

SURETY must be an entity licensed to transact surety business in the State of Arkansas. SURETY ensures that the PRINCIPAL's obligations will be performed to the Arkansas Securities Department, as OBLIGEE, under the following terms and conditions:

1. Pursuant to the requirements of the Fair Mortgage Lending Act, Ark. Code Ann. §§ 23-39-501 through 23-29-518 ("Act"), the PRINCIPAL has made application to, or is currently licensed by, the OBLIGEE to conduct business in Arkansas as a: *(Check all that apply.)*

Mortgage Banker

Mortgage Broker

Mortgage Servicer

2 The PRINCIPAL and SURETY are held and firmly bound unto the OBLIGEE for the use and benefits of claimants against the PRINCIPAL in the sum of not less than \$100,000. The payment of which the PRINCIPAL and SURETY jointly and severally bind themselves, their successors, assigns, and legal representatives, to secure the faithful performance of the obligations of the PRINCIPAL for its conduct and that of its officers and employees under the Act. The appropriate amount of the surety bond shall be based on the mortgage loan activity in Arkansas of the mortgage broker, mortgage banker, or mortgage servicer during the previous year as set forth below:

(check only one)

Prior Year Activity

Surety Bond Amounts

Less than or equal to \$10,000,000

\$100,000

Between \$10,000,001 & \$25,000,000

\$150,000

Over \$25,000,000

\$200,000

3. If the PRINCIPAL fully complies with the provisions of the Act, and pays and discharges all amounts owed upon any judgment or order obtained in any court of competent jurisdiction by the OBLIGEE or by any person or persons who may be injured or damaged by the PRINCIPAL conducting business as a mortgage banker, mortgage broker or mortgage servicer, including judgments in suits for the misappropriation of any funds paid into or deposited with the PRINCIPAL, this bond shall be null and void; otherwise, this bond shall be and remain in full force and effect.

4. The SURETY may cancel this bond by filing a written notice of cancellation to the OBLIGEE sixty (60) days prior to cancellation. Provided, however, such notice shall not affect any liability arising prior to the effective date of cancellation of this bond and the PRINCIPAL and SURETY shall be and remain liable for a period of five (5) years from the date of any action or inaction of the PRINCIPAL that gives rise to a claim under this bond prior to its effective cancellation.

5. In no event shall the total liability of the SURETY, to all persons, cumulative or otherwise, exceed the amount specified in this bond.

WITNESS OUR HAND AND SEAL this _____ day of _____, _____.

Persons executing for SURETY, other than corporate officers, must attach Power of Attorney authorizing them to execute bonds for SURETY.

PRINCIPAL

BY: _____

TITLE: _____

SURETY

BY: _____

TITLE: _____

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.

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