



Secretary of State of the State of Arkansas

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 Secretary of State 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 \$10,000.00, 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 Secretary of State 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 through 416, 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 through 416 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 Secretary of State of the State of Arkansas in writing by certified mail with 30 days advance

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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 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 _____, 20__.

Name of Principal

Name of Surety

By: _____
Signature of Authorized Representative

By: _____
Signature of Authorized Representative

Name of Authorized Representative

Name of Authorized Representative

Business Address of Authorized Representative

Business Address of Authorized Representative

Phone Number of Authorized Representative

Phone Number of Authorized Representative

AFFIRMATION OF PRINCIPAL

STATE OF _____)
) SS.
COUNTY OF _____)

On this ___ day of _____, 20___, before me, the undersigned, personally appeared

_____, who acknowledged himself/herself to be the _____
(Name of Authorized Representative) (Title/Position)

of _____, and that as such _____ being authorized to
(Name of Principal) (Title/Position)

do so, executed the foregoing instrument for the purposes therein contained, by signing the name of

_____, by himself/herself as _____.
(Name of 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

AFFIRMATION OF SURETY

STATE OF _____)
) SS.
 COUNTY OF _____)

On this ____ day of _____, 20____, before me, the undersigned, personally appeared

_____, who acknowledged himself/herself to be the _____
(Name of Authorized Representative) (Title/Position)

of _____, and that as such _____ being authorized to
(Name of Surety) (Title/Position)

do so, executed the foregoing instrument for the purposes therein contained, by signing the name of

_____, by himself/herself as _____.
(Name of Surety) (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

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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