



SECRETARY OF STATE
1401 W. Capitol, Suite 250
LITTLE ROCK, AR 72201 •(501) 682-1010

**SURETY BOND
TELEPHONIC SELLER**

Complete and mail to:

Office of Secretary of State
Business and Commercial Services
ATTN: Charitable Registration
1401 W. Capitol, Suite 250
Little Rock, AR 72201

Bond Number _____

Premium\$ _____

Term _____

KNOW ALL PERSONS BY THESE PRESENTS:

That _____ as principal,
(Name of Principal)

doing business under the name of _____
(Name of Business)

a telephonic seller, and whose address for service is:

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

and _____, a corporation authorized to transact a general surety
(Name of Surety)

Business in the State of Arkansas, as surety, and whose address for service is

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

are held firmly bound to the State of Arkansas in the penal sum of Fifty Thousand Dollars (\$50,000), for the payment of which, we bind ourselves, our heirs, successors and assigns, jointly and severally, firmly these presents.

WHEREAS, the provision of Act 137 of 1993 §13(a) require that the principal file or have on file with the Consumer Protection Division a bond in the sum of \$50,000, this bond is executed and tendered in accordance therewith.

NOW, THEREFORE, the conditions of the foregoing obligation are that if the principal complies with the provisions of the Arkansas Deceptive Trade Practices Act. Ark. Code Ann. § 4-88-101 *et seq.*, and Act 137 of 1993 for regulation and registration of telephonic sellers, and pays all sums, and pays all damages occasioned to any person by unlawful acts, or omissions of the principal mentioned above, or of its agents or employees while action within the scope of their employment, then this obligation is to be void; otherwise, it is to remain in full force and effect.

PROVIDED HOWEVER, this bond is issued subject to the following express conditions:

1. This bond shall be deemed continuous in form and shall remain in full force and effect for all liabilities incurred before, and for acts, omissions, or causes existing or which arose before, the cancellation or withdrawal of the Surety from the bond.
2. This bond is executed by the Surety to comply with the provisions of Act 137 of 1993 and the Arkansas Deceptive Trade Practices Act. Ark. Code Ann. § 4-88-101 *et seq.*, said bond shall be subject to all of the terms and provisions thereof.
3. The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

**SPECIAL INSTRUCTIONS
FOR DETERMINING THE AMOUNT OF THE ADDITIONAL BOND
REQUIRED UNDER ACT 728 of 2017**

The telephonic seller who is subject to the bonding provision of this subsection (value of premiums offered by the seller) is required to file with the Secretary of State the following information which will determine the amount of the bond required:

1. The current market value of each premium;
2. The value at which the premium is advertised.

As to each premium valued at more than \$500, the *higher* of the two values (market value as reported to the Attorney General or advertised value as reported to the Secretary of State), multiplied by the number of such premiums which will be offered determines the amount of the bond.

3. The details of the promotion and a description of the premium;
4. The date the premium shall be awarded; and
5. The conditions under which the award shall be made.

The details reported to the Secretary of State should include the total possible number of each premium with a value in excess of \$500 which may be awarded.

The Secretary of State, upon request of the Surety or of the registrant, will certify that certain information concerning value and numbers of potential recipients has been supplied by the registrant to the Secretary of State's Office.

The Attorney General will accept a bond in the amount indicated by the registration. The Surety will only be liable for that amount. If the information supplied by the registrant is incorrect or later more premiums are offered than stated, the registrant will, of course, be subject to sanctions but the Surety will not be liable for any amount over that stated in the bond.

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