



SURETY BOND OF CEMETERY BROKERS

Know All People by These Presents:

That We _____, as principal, and
Name of Licensee

_____, a corporation, duly organized
Name of Surety Company

under the laws of the State of _____, and authorized and qualified to transact the business of surety in the State of California, as surety, are held and firmly bound unto the People of the State of California in the sum of TEN THOUSAND DOLLARS (\$10,000) lawful money of the United States of America, for the payment whereof well and truly to be made, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH THAT:

WHEREAS, The principal has made application to the Cemetery and Funeral Bureau of the Department of Consumer Affairs for a license under the Chapter 19 of Division 3 of the Business and Professions Code of the State of California authorizing said principal to engage in business as a cemetery broker under said Chapter 19 and amendments thereto and,

WHEREAS, The said applicant does not possess a certificate of authority as provided for in said Chapter 19 and,

WHEREAS, The said applicant is required under the provisions of the said chapter to furnish a bond in the sum above named, conditioned as herein set forth:

Now, THEREFORE, If the said principal shall honestly and faithfully perform any and all undertakings entered into by the individual as a licensed cemetery broker at any time during which they are licensed as such broker under said Chapter 19 and if the said principal's cemetery salespeople and employees shall honestly and faithfully perform their obligations and undertakings as such cemetery salespeople and employees of said principal, and if the said principal and their said salespeople and employees shall strictly, honestly and faithfully comply with the provisions of said Chapter 19 and of Division 8 of the Health and Safety Code relating to cemeteries, and shall honestly and faithfully apply all sums received by them, either of them, and shall pay all damages suffered by any person damaged or defrauded by reason of the violation by the said principal or their salespeople or employees of any of the provisions of said Chapter 9 or Division 8 or by reason of the violation by said persons or either or any of them of the obligation of such broker as an agent, as such obligations are laid down by the Civil Code of the State of California, or by reason of any fraud connected with, or growing out of, any transactions contemplated by said Chapter 19 or Division 8, then this obligation shall be null and void; otherwise to remain in full force and effect.

This bond is subject to the following provisions:

1. That any person who sustains an injury covered by this bond may, in addition to any other remedy that they may have, bring an action in their own name upon this bond for the recovery of any damages incurred as hereinabove set forth.

2. That the aggregate liability of the surety under this bond shall be limited to the payment of TEN THOUSAND DOLLARS (\$10,000).

3. That the surety may cancel this bond and be relieved of further liability hereunder by delivering 30 days' written notice to the Cemetery and Funeral Bureau, provided however that such termination shall not affect any liability incurred or accrued hereunder prior to the termination of said 30-day period.

4. That this bond shall remain in force and effect until the surety hereunder is released from liability by the Cemetery and Funeral Bureau or until this bond is terminated by the surety by giving the notice hereinbefore provided for.

5. That in the event either the principal, their agents, or employees, or the surety hereunder are served with notice of any action commenced against the principal, their salespeople or employees, or against the surety, under this bond, the principal and surety shall respectively and immediately give written notice of the filing of such action to the Cemetery and Funeral Bureau.

IN WITNESS WHEREOF, The said principal and surety have hereunto set their hands this

----- day of -----, 20-----.

Principal

Bond Number

Effective Date of Bond

Signature of Surety

BY -----
Print Name of Surety

Bond forms change; this is for educational purposes only.



NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Cemetery and Funeral Bureau of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 30, 144, 7617.1, 7618, 7619, 7620, 7628, 7642, 7643, 7661, 7662, 7665, 7667, 9650, 9650.2, 9650.3, 9700, 9701, 9702.1, 9704, 9715, 9715.1, 9716, 9723, 9723.1, 9741, 9745, 9746, 9781, 9787.3 and the Information Practices Act. The Cemetery and Funeral Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the form. The Cemetery and Funeral Bureau cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information

You may review the records maintained by the Cemetery and Funeral Bureau that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the Custodian of Records, Cemetery and Funeral Bureau at 1625 North Market Boulevard, Suite S-208, Sacramento, CA 95834, by phone at (916) 574-7870, or by e-mail at emailcfb@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at dca@dca.ca.gov.

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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 Phoenix, AZ 85015

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