

STATE OF CALIFORNIA –DEPARTMENT OF BUSINESS OVERSIGHT  
**APPLICATION FOR A LICENSE UNDER THE CALIFORNIA  
DEFERRED DEPOSIT TRANSACTION LAW**  
DBO–CDDTL 2020 Long Form (Rev. 5-17) Page 10 of 22

BEFORE THE DEPARTMENT OF  
BUSINESS OVERSIGHT  
OF THE  
STATE OF CALIFORNIA  
EXHIBIT B

SURETY BOND OF DEFERRED DEPOSIT TRANSACTION LAW LICENSEE  
FINANCIAL CODE SECTION 23013

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That we \_\_\_\_\_,

as Principal, whose address for service is

\_\_\_\_\_  
(Street Address, City, State and ZIP Code)

and \_\_\_\_\_, a corporation, created, organized and existing under  
and by virtue of the laws of the State of \_\_\_\_\_ and an admitted Surety insurer  
authorized to transact a general Surety business in the State of California, as Surety whose address for  
service

is \_\_\_\_\_,  
(Street Address, City, State and ZIP Code)

are held and firmly bound unto the Commissioner of Business Oversight of the State of California, for the  
use thereof and for the use of any person or persons who may have a cause of action against the  
Principal under the provisions of the California Deferred Deposit Transaction Law and all laws  
amendatory thereof and supplementary thereto now and hereafter enacted, in the total aggregate penal  
sum of \_\_\_\_\_ Dollars (\$\_\_\_\_\_) (see Financial Code Section 23013), lawful  
money of the United States of America, to be paid to the Commissioner of Business Oversight of the  
State of California, or to any person or persons, for the use and benefit aforesaid, for which payment well  
and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns,  
jointly and severally firmly by these presents.

The condition of the above obligation is such that--

WHEREAS, the above-named Principal has made application to the Commissioner of Business  
Oversight of the State of California for a license to engage in business under and pursuant to the  
provisions of the California Deferred Deposit Transaction Law, and is required under the provisions of the  
California Deferred Deposit Transaction Law to furnish a bond in the sum above named, conditioned as  
herein set forth:

NOW, THEREFORE, the Principal, and any and all agents and employees representing the  
Principal, shall faithfully conform to and abide by the provisions of the California Deferred Deposit  
Transaction Law and all laws amendatory thereof and supplementary thereto now and hereafter enacted,  
and of all rules and regulations lawfully made by the Commissioner of Business Oversight of the State of  
California under the California Deferred Deposit Transaction Law and shall honestly and faithfully apply  
all funds received and shall faithfully and honestly perform all obligations and undertakings under the  
California Deferred Deposit Transaction Law, and shall pay to the Commissioner of Business Oversight of  
the State of California and to any person or persons, for the use and benefit aforesaid, any and all  
moneys which become due or owing the State or to any such person or persons from the Principal under  
and by virtue of the provisions of the California Deferred Deposit Transaction Law.

**EXHIBIT B**

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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 he or she may have, bring an action in his or her own name upon this bond for the recovery of any damages sustained by him or her.
2. That the total aggregate liability of the Surety or sureties herein shall be limited to the payment of \_\_\_\_\_ Dollars (\$\_\_\_\_\_) (insert amount of the bond).
3. This bond may be canceled by the Surety in accordance with the provisions of Sections 996.320 and 996.330 of the Code of Civil Procedure of the State of California.
4. That, in the event either the Principal and/or the Surety under this bond are served with notice of any action commenced against the Principal or the Surety under the bond, the Principal and Surety as each is served with notice of action shall respectively and, within 10 days, give written notice of the filing of such action to the Commissioner of Business Oversight of the State of California, at the Los Angeles office of the Department of Business Oversight.
5. That, in the event the Surety under this bond makes full or partial payment on this bond the Surety shall immediately give written notice of such full or partial payment to the Commissioner of Business Oversight of the State of California, at the Los Angeles office of the Department of Business Oversight.
6. That the effective date of this bond shall be \_\_\_\_\_.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Typed or Printed Name of Principal

\_\_\_\_\_  
Executed at (City and State)

I certify (or declare) under penalty of perjury that I have executed the foregoing bond under an unrevoked power of Attorney.

Executed in \_\_\_\_\_ on \_\_\_\_\_  
(City and State) (Date)

under the laws of the State of California.

\_\_\_\_\_  
Signature of Attorney-in-Fact  
for Surety

\_\_\_\_\_  
Printed or typed name of  
Attorney-in-Fact for Surety

ALL OF THE ABOVE SIGNATURES MUST BE NOTARIZED

**EXHIBIT B**

Bond forms change; this is for educational purposes only.

# 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        |                        |
|                           |  |                                      |                        |
| <b>TOTAL ASSETS</b>       |  | <b>TOTAL LIABILITIES</b>             |                        |
|                           |  | <b>NET WORTH</b>                     |                        |
| 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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