



State of California
Secretary of State

SURETY BOND
Foreclosure Consultant
(Civil Code section 2945.45(a)(2))

Bond Number _____

(Office Use Only)

The premium of this bond is \$ _____ for the term of _____

KNOW ALL PERSONS BY THESE PRESENTS:

That _____
(Name of Principal)

doing business as _____
(Name of Business)

is a foreclosure consultant, whose address is

(Street Address) (City) (State) (Zip)

as PRINCIPAL, and _____, a corporation organized
(Name of Surety)

under the laws of _____, and authorized to transact a general surety business in

the State of California, whose address for service is _____,
as SURETY, are held and firmly bound to the People of the State of California for the benefit of homeowners purchasing
foreclosure consultant services in the penal sum of, one hundred thousand dollars (\$100,000) for which payment we bind
ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.
The bond shall be made in favor of the State of California for the benefit of homeowners for damages caused by the
foreclosure consultant's violation of Civil Code sections 2945 through 2945.11 or any other provision of law.

WHEREAS, the provisions of Section 2945.45 of the Civil Code require that the Principal file or have on file with the
Secretary of State a copy of a bond in the sum of one hundred thousand dollars (\$100,000) and this bond is executed and
tendered in accordance therewith.

NOW THEREFORE, the conditions of the foregoing obligations are that if the Principal complies with the provisions
of California Civil Code section 2945 et seq., and pays all sums due any individual or group of individuals when such
Principal or its representative or agent has received such sums, and pays for the loss incurred by any person for the
unlawful acts or omissions of the Principal or of its agents or employees while acting 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 the term of the initial bond and all subsequent riders, for all liabilities, acts, omissions, or causes arising after this bond becomes effective and 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 Civil Code section 2945.45 and Section 995.010 of the Code of Civil Procedure and 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.
4. This bond may be canceled by the Surety in accordance with the provisions of Sections 996.310 et seq. of the Code of Civil Procedure.
5. The Surety, its successors and assigns, are jointly and severally liable on the obligations of section 2945 et seq. of the Civil Code.
6. The Principal and Surety may be served with notices, papers and other documents under section 995.010 of the Code of Civil Procedure and section 2945 et seq. of the Civil Code, at the addresses given above.
7. The attorney in fact for the Surety has the authority under an unrevoked appointment or power of attorney to sign for, and bind, Surety.
8. The liability on a bond may be enforced as provided in Code of Civil Procedure section 995.850 by or for the benefit of, and in the name of, any and all persons for whose benefit the bond is given who are damaged by breach of the condition of the bond.
9. No person may recover under this bond a sum greater than that which such person paid to the Principal, provided that this condition shall not restrict a person from recovering sums greater than those paid to the Principal from sources other than this bond.

(Name of Surety)

I certify (or declare) under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed in _____ on _____
(City, State) (Date)

Bond forms change; this is for educational purposes only.

Signature of Attorney-in-Fact for Surety

Printed or Typed Name of Attorney-in-Fact for Surety

INSTRUCTIONS:

1. The term for all bonds submitted shall not be less than twenty-four (24) months.
2. Send the signed document and filing fee to:

Secretary of State
Special Filings Unit
P.O. Box 942870
Sacramento, CA 94277-2870

3. Include the filing fee of \$30.00
4. There is no fee for filing an amendment to a previously filed 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