PERMIT BOND

	Bond No.					
KNOW ALL MEN BY THESE PRESENTS:						
-1 .	5 . 1					
That we,	, of the State of					
as Principal, and	, a corporation duly licensed to					
do business in the State of Cal:	itornia, as Surety, are held					
firmly bound unto the	, State of California, , (\$) ited States of America, to be paid					
Obligee, in the penal sum of)					
	payment well and truly to be made,					
we bind ourselves, and our legal representatives, jointly and						
severally by these presents.						
THE CONDITION OF THE ABOVE OBLIC said Principal has been licensed	GATION IS SUCH, That whereas, the					
by the said Obligee.						
NOW, THEREFORE, if the said Prin	ncipal shall faithfully perform					
	mply with the laws and ordinances,					
including all provisions of Chap						
Code, and including all amendmen	nts thereto, appertaining to the					
	then this obligation to be void,					
otherwise to remain in full force						
unless renewed by a continuation	n certificate.					
This bond may be terminated by t	the Surety upon sending written					
notice in writing, by certified						
Political Subdivision with whom						
	the Political Subdivision named					
	f thirty-five (35) days from the					
	nd shall ipso facto terminate and					
	elieved from any liability for any					
acts of omissions of the princip						
Dated thisday of	f , 20					
	PRINCIPAL					
	BY:					
	SURETY					
	BY:					
·	, Attorney-In-Fact					

Surety Bond Application

AGENCY NAME:	AGENCY CONTACT:					
	AGENCY FAX:AGENCY EMAIL:					
AGENCY ADDRESS:			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 S	S#:	Ho	me Phone: ()			
Residence Address:	City:	St	ate:	Zip:		
Business Name:						
Business Phone: ()	Business Fax: ()	E-mail:			
Business Address:	City:	St	ate:	Zip:		
Date Business BEGAN under present Individual or Firm Name: BUSINESS TAX ID:						
HAS ANY COMPANY REFUSED TO ISSUE BONDS DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS						
FOR ANY PURPOSE? YES NO AGAINST YOU? YES NO AGAINST YOU?						
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 S	SS#:	PHON	E:		
HOME ADDRESS:	City:		state:			
PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)						
STATEMENT OF ASSETS AND LIABILITIES AS OF						
ASSETS CASH IN DANK		NOTES DAVABLE TO	LIABILITIES	<u> </u>		
CASH IN BANK CASH ON HAND		NOTES PAYABLE TO BANKS 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 400FT0						
TOTAL ASSETS		TOTAL LIABILITIES NET WORTH				
Name of Owners	Name and T	itle 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