

Bond #: _____

Premium: _____

TAX PREPARER BOND

THIS BOND SHALL BE IN EFFECT FROM _____ TO _____

KNOW ALL MEN BY THESE PRESENTS:

That _____ as Principal and _____ a corporation duly licensed by the laws of the State of California as Surety, are held and firmly bound unto the people of the State of California in the sum of _____ dollars () 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.

WHEREAS, the above named Principal is engaged in business as a Tax Preparer, as defined by this Section 22251 of the Business and Profession Code, and is required by the Provisions of Section 22250 of the Business and Professions Code to furnish a bond in the sum above named, conditioned as herein set forth.

NOW THEREFORE, if said Principal shall comply with the provisions of the Division 8, Chapter 14 of the Business and Professions code and all supplementary acts as specified therein, now and hereafter enacted, and if said Principal shall, while acting as a Tax Preparer, cause no damages to any person by reason of misstatement, misrepresentation, dishonesty, fraud, deceit, or any unlawful acts or omissions of Principal or its associates or employees while acting in the scope of their employment or association as Tax Preparers, this obligation shall then and in that event be void; otherwise it shall remain in full force and effect for the period hereinafter set forth.

This bond is also subject to the following conditions:

1. That any person who sustains damages covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name upon this bond for recovery of such damages.
2. That the total aggregate liability of the Surety to any and all persons, regardless of the number of claims against the bond or the number of years the bond remains in force, shall be limited to the sum of Five Thousand dollars (\$5,000.00) for any one Tax Preparer.
3. That the Surety may cancel this bond and be relieved of further liability hereunder by delivering 30 days written notice to the Principal at his address last known to the Surety, however, such cancellation shall not affect any liability incurred or accrued hereunder prior to the termination of said 30-day period.
4. That said bond shall remain in full force and effect during the term for which it is issued and for any renewal thereof, or until said bond is, subject to the provisions of paragraph 3 hereof, cancelled by said Surety.

IN WITNESS WHEREOF the seal and signature of said Principal is hereto affixed, and the corporate seal and name of the said Surety is hereto affixed and attested by its duly authorized officers at _____, this _____ day of _____, _____.

Principal

Surety

By

Attorney-In-Fact

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