

MAIL COMPLETED FORM TO:

California Attorney General's Office  
Attn: Consumer Law Section,  
Telemarketing Unit  
110 West "A" Street, Suite 1100  
San Diego, CA 92101-3702

**TELEPHONIC SELLER  
SURETY BOND  
FORM A**

(Business and Professions Code Section 17511.12(a))



**Bond Number** \_\_\_\_\_

**Premium \$** \_\_\_\_\_

**Term** \_\_\_\_\_

**KNOW ALL PERSONS BY THESE PRESENTS:**

**That** \_\_\_\_\_  
(Name of principal)

**as principal, doing business under the name of**

\_\_\_\_\_  
(Name of Business)

**a telephonic seller, and whose address for service is**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

**and** \_\_\_\_\_, a corporation admitted  
(Name of Surety)

**to transact a general surety business in the State of California, as surety, and whose address for service is**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

**are held and firmly bound to the State of California in the penal sum of One Hundred Thousand Dollars (\$100,000), for the payment of which, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.**

**WHEREAS, the provisions of Section 17511.12(a) of the Business and Professions Code requires that the principal file or have on file with the Consumer Law Section of the Department of Justice a bond in the sum of One Hundred Thousand Dollars (\$100,000), this bond is executed and tendered in accordance with Section 17511.12.**

**NOW THEREFORE, the conditions of the foregoing obligation are that if the principal complies with the provisions of Article 1.4 (commencing with Section 17511) Part 3 of Division 7 of the Business and Professions Code of the State of California and if no person suffers pecuniary loss in any transaction subject to said Article as the result of any act or omission of the principal mentioned above, or of its representatives, 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 all liabilities incurred before, and for acts, omissions, or causes existing or which arose before, the cancellation or withdrawal of the Surety from the bond.**

**2. This bond is executed by the Surety to comply with, and the bond shall be subject to, the provisions of Article 1.4 (commencing with Section 17511), of Chapter 1 of Part 3 of Division 7 of the Business and Professions Code and, except to the extent of any inconsistency with that Article 1.4, to the provisions of Chapter 2 (commencing with Section 995.010), of Title 14 of Part 2 of the Code of Civil Procedure.**

**3. The conditions of the bond are set forth in Section 17511.12 of the Business and Professions Code, and any person or governmental entity claiming against the bond may proceed as provided in Section 17511.12 or as otherwise provided by law.**

**4. The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.**

**5. 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.**

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I certify (or declare) under penalty of perjury under the laws of the State of California that I am the principal or an officer or agent of the principal with the authority to execute this document on behalf of the principal. Executed at \_\_\_\_\_.

(City and State)

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed or Typed Name*

\_\_\_\_\_  
*Capacity (e.g., Principal, President,  
Attorney-in-Fact)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Name of Officer of Business*

\_\_\_\_\_  
*Name of Surety*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

**This bond is executed under an unrevoked appointment or power of attorney.**

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Attorney-In-Fact  
for Surety*

\_\_\_\_\_  
*Printed or Typed Name of  
Attorney-In-Fact for Surety*

# 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.

Worldwide Insurance Specialists, Inc  
2424 W. Missouri AVE  
Phoenix, AZ 85015

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Local (602) 749-0702  
Fax: (602) 674-8235

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