## STATE OF CALIFORNIA DEPARTMENT OF PARKS AND RECREATION DIVISION OF BOATING AND WATERWAYS

## SURETY BOND OF YACHT AND SHIP BROKER

Bond No. \_\_\_

TO THE PEOPLE OF THE STATE OF CALIFORNIA (Harbors and Navigation Code, Section 730)

Premium \_

KNOW ALL MEN BY THESE PRESENTS:	EII. Date		
THAT WE,			
	, as Principal,		
and			
created, organized, and existing under and by virtue of the laws of licensed to transact a surety business in the State of California, as whom the broker acts which person suffers any monetary loss arisinegligent representation of the broker or his representative under penal sum of FIFTEEN THOUSAND AND NO/100 DOLLARS (\$ be paid to any person for the use and benefit as aforesaid for which our heirs, executors, administrators, successors and assigns, jointly	Surety, are held and firmly bound unto any person for sing out of any fraud or deceit or fraudulent or grossly the Yacht and Ship Brokers Act, in the total aggregate \$15,000.00), lawful money of the United States of America to ch payment, well and truly to be made, we bind ourselves,		
bring an action in his own name upon this bond for the however, that no such action may be brought after the e act or default complained of may have occurred.  2. That the total aggregate liability of the Surety herein shall NO/100 DOLLARS (\$15,000.00).  3. That the Surety may cancel this bond and be relieved of written notice to the Principal and the Department of Be cancellation shall not affect any liability incurred or acceptiod.  4. That the surety provider shall provide Bond Continuation a surety bond is renewed by the principal and when a primailed to the Department for their records with thirty (30 visible with the beginning and ending term of the surety of	the meaning of the Yacht and Ship Brokers Act (Article 2, quired by the provisions of said act to furnish a bond. Forth in Section 730(a) of the Harbors and Navigation Code of a or salespersons acting for said principal on his behalf or persons shall not practice any fraud or deceit or make any a monetary loss to any person for whom the broker acts avigation Code, then this obligation shall be null and void;  NS:  bond may, in addition to any other remedy that he may have, recovery of any damages sustained by him; provided, expiration of four (4) years from and after the time when the ll be limited to the payment of FIFTEEN THOUSAND AND further liability hereunder by delivering thirty (30) days oating and Waterways of the State of California; however, such crued hereunder prior to the termination of said thirty-day on Notice to the Division of Boating and Waterways, whenever remium is paid. A surety bond continuation notice shall be coverage for the principal.		
of the State of California at its office in the City of Sacrar IN WITNESS WHEREOF, the seal and signature of said Principa			
said Surety	•		
s hereto affixed and attested by its duly authorized officers at	California,		
this day of, year  (ALL SIGNATURES MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC)  CORPORATION LICENSE: f a corporation, must have broker-of-record and bother officer of the corporation sign)	INDIVIDUAL OR PARTNERSHIP LICENSE: (If an individual, sign below; if a partnership, all partners sign below)  Principal signature		
Corporation principal signature	Second principal (if partnership) signature		
7	Surety's Name		
(Title of Official)	Surety's Address		
	D		
By	By		
(Title of Official)	(Title of Official)		

## **Surety Bond Application**

AGENCY NAME:	AGENCY CONTACT:					
AGENCY PHONE:AGE			CY 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 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 Individ	ual 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 EQUIDMENT				
REAL ESTATE		DUE ON EQUIPMENT 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 1	itle of Officers % OWNERSHIP IN COMPANY				
Trains of Stricts Realistant Title of Stricts // Ottrice of the Otto						

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