

HEARING AID PROVIDERS BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS: that we _____ of _____ as PRINCIPAL, and _____, SURETY, a corporation existing under the laws of the State of Colorado, pledges for the use and benefit of the Colorado Hearing Aid Providers Licensure in the sum of TEN THOUSAND AND NO/100ths DOLLARS (\$10,000) of lawful money of the United States of America, for the payment thereof well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly, severally, and firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that,

WHEREAS, the above bounden Principal has applied to Colorado Hearing Aid Providers Licensure for a Hearing Aid Providers license for the term beginning _____ and ending _____, this bond to cover the terms of said license.

NOW, THEREFORE, the conditions of this obligation are such that if said Principal shall faithfully observe and comply with all the requirements of the laws of the State of Colorado respecting the licensure of hearing aid providers, as set forth in Article 5.5, Title 12, of the Colorado Revised Statutes, then this obligation shall be null and void; otherwise it shall remain in full force and effect until _____, unless renewed by continuation certificate.

The Surety shall have the right to terminate this bond by giving the Principal and the State of Colorado, Hearing Aid Providers Licensure, thirty (30) days written notice of cancellation; however, such notice of cancellation will not nullify or void any liability or indebtedness incurred or accrued by the Principal and Surety named herein prior to said date of termination.

The obligation may be continued from year to year by the issuance by the Surety of a proper continuation certificate delivered to the Colorado Hearing Aid Providers Licensure, provided that such continuation certificates shall not be cumulative, and that the Surety's aggregate liability shall in no event exceed the amount of this bond.

Signed, sealed and dated this _____ day of _____, 20____.

Principal

Business Address

Surety

ATTEST: _____

By: _____
Attorney-in-Fact

Title

(Seal of Corporate Principal if applicable)

Colorado Resident Agent

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.

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