

INSTALLER OF MANUFACTURED HOMES BOND

KNOW ALL MEN BY THESE PRESENTS:

Bond No. _____

That we, _____
Street Address: _____, City _____,
County of _____, State of Colorado, as Principal, and _____ a surety
company qualified and authorized to do business in the State of Colorado, as Surety, are held and firmly bound unto the
Division of Housing, a political subdivision of the State of Colorado, to indemnify owners of manufactured homes for any loss
suffered by reason of the violation of the conditions hereinafter contained, in the amount of **TEN THOUSAND AND No/100s
DOLLARS (\$10,000.00)** lawful money of the United States. for the payment of which, well and truly to be made, we bind
ourselves, our heirs, executors, administrators, successors and assigns jointly, severally, and firmly by these presents.

WHEREAS, the said Principal is engaged in the business of installing manufactured housing in the State of Colorado pursuant
to the standards adopted by the Colorado State Housing Board and enforced by the Division of Housing.

WHEREAS, in compliance with the provisions of § 24-32-3103(2) C.R.S., principal is required to tender an Installer of
Manufactured Homes bond to the Division of Housing.

THE CONDITION OF THIS OBLIGATION IS SUCH that if the principal violates any of the provisions described in
§ 24-32-3107 C.R.S. with respect to completing the installation of a manufactured home in the manner required by the Division
of Housing, and fails to pay for any subsequent repairs necessary to bring the installation into compliance with said standards,
or fails to pay the cost of any subsequent inspections necessary to determine compliance with said standards, then this shall
be called by the Division of Housing. If principal remains in compliance with the provisions of § 24-32-31-5(7) this bond will
remain in full force and effect, and

FURTHER CONDITIONED that this new bond or continuation certificate shall be effective only with respect to
manufactured home installations contracted for during the calendar year from _____ (starting date) to
_____ (ending date), and

PROVIDED, that the aggregate liability of Surety for manufactured home installations during the effective dates of this
bond shall not exceed the face amount hereof, regardless of the amount of claims or the number of claimants, and

FURTHER PROVIDED that this bond is revocable only upon written consent of the Director of the Division of Housing.
This bond may be continued from year to year upon Surety's issuance of a continuation certificate delivered to the Division
of Housing; provided, however, that all such continuations shall be cumulative and shall have the legal effect of a new and
separate obligation issued for the one year period covered by an such continuation certificate, and that each such continuation
certificate must be on this form, as approved by the Division of Housing.

DATED: _____

PRINCIPAL

PRINCIPAL

SURETY

BY: _____

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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