

BOND # \_\_\_\_\_

**BOND**  
(Money Order Act)

KNOW ALL MEN BY THESE PRESENTS THAT \_\_\_\_\_  
(Name and Business Address of Applicant)

\_\_\_\_\_

of the City of \_\_\_\_\_, County of \_\_\_\_\_

State of Colorado, as principal and \_\_\_\_\_  
(Name and Address of Surety)  
of the City of \_\_\_\_\_, County of \_\_\_\_\_

State of \_\_\_\_\_, as surety, are held and firmly bound unto the State of Colorado for the use and benefit of the State and of any creditor of the licenses for any liability Incurred an any exchange issued by the licensee under and by virtue of the provisions of the **Money Order Act (Act)** of Colorado, In the penal sum of-

\_\_\_\_\_ Dollars (\$\_\_\_\_\_) for the payment of which, well and truly to be made, we bind ourselves, our helm, executors. administrators, successors and assigns, Jointly and severally by these presents.

WHEREAS, aforesaid principal has applied for a license under the Provisions of the aforesaid **Act** and,

WHEREAS, said application has been approved by the Bank Commissioner of the State of Colorado. and,

WHEREAS, Section 8 of the aforesaid Act provides that as a condition precedent to the Issuance of a license, applicant shall furnish bond,

NOW. THEREFORE, the condition of the foregoing obligation Is such that If the obligor will faithfully conform to and abide by the provisions of the aforesaid Act and will honestly and faithfully apply all funds received and perform all obligations and undertakings for exchange Issued and sold under the aforesaid Act and will pay to the State and to any person all money that becomes due and Owing to the State or to such person under the provisions of the aforesaid **Act** because of any exchange sold or Issued by aforesaid principal as licensee under and by virtue of the provisions of the aforesaid Act, then this obligation to be void; otherwise, to remain In full force and effect.

If the surety herein shall SO elect, this bond may be conditionally canceled at any time by the surety herein by filing with the Bank Commissioner of the State of Colorado, a thirty (30) days' written notice of such conditional cancellation, but said surety so filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue herein before the expiration of said thirty (30) day period.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this \_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_, to be effective on the

\_\_\_\_\_ day of \_\_\_\_\_ A.D., 20\_\_\_\_.

APPLICANT'S SEAL

\_\_\_\_\_  
\_\_\_\_\_ )

Principal(s),

Attest:

\_\_\_\_\_  
Secretary of Corporation

\_\_\_\_\_  
(If Individual. sign above. If Partnership each partner must sign)

President of Corporation

SURETY'S SEAL

\_\_\_\_\_  
By \_\_\_\_\_ )  
Authorized Agent **MICHAEL D. LAPRE**

Surety

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

NOTE; The authority of the agent of the bonding company to sign such bond must be attached,

Bond forms change; this is for educational purposes only.

# 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>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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**  
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 Phoenix, AZ 85015

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**Local (602) 749-0702**  
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