

**COLORADO MORTGAGE BROKER BOND**

Bond Number: \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_ as PRINCIPAL and \_\_\_\_\_ a surety company authorized to do business in the State of Colorado, as SURETY, ARE HELD AND FIRMLY BOUND UNTO THE STATE OF COLORADO Division of Real Estate or to any person or persons who may have a cause of action against the principal under the Colorado Mortgage Broker Registration Act for its use and benefit in the penal sum of TWENTY FIVE THOUSAND AND NO/100THS DOLLARS (\$25,000), lawful money of the United States of America, for the payment whereof 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 the Colorado Division of Real Estate for a mortgage broker registration under the requirements of the Colorado Mortgage Broker Registration Act this bond is to cover the terms of said registration.

This bond becomes effective on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_. Terminates on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

NOW, THEREFORE, the conditions of this obligation are such that if the said Principal shall faithfully observe and comply with all the requirements of the laws of the State of Colorado respecting the registration of mortgage brokers, as set forth in, part 9 of article 61 of title 12, Colorado Revised Statutes. If the above Principal shall in all things, well and truly perform and observe all and each of the agreements, covenant and conditions, on his part to be observed, which are contained in the above mentioned Act of the People of the State of Colorado, as represented by the Colorado Division of Real Estate, and at all times indemnify and save harmless the OBLIGEE from and against any and all claims, actions and suits, whether groundless or otherwise, and from and against any and all liabilities, losses, costs, damages, charges, counsel fees and other expenses from the granting of the license to operate, then this obligation shall be null and void, otherwise to remain in full force and effect.

Any person who sustains an injury covered by this bond may, after receiving a judgment from a court of competent jurisdiction, in addition to any other remedy that may have, bring an action in his or her own name upon this bond for the recovery of any damages sustained by the injured party.

In the event either the Principal or the Surety under this bond are served with notice of any action commenced against the Principal or Surety under the bond, said Principal and Surety, as each is served with notice of action, shall respectively and within 30 days, give written notice to the Colorado Division of Real Estate.

The Surety shall have the right to terminate this bond by giving the Principal and the State of Colorado, Colorado Division of Real Estate thirty (30) days written notice of cancellation; however, such written 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 total aggregate liability of the surety herein shall be limited to the payment of Twenty-five Thousand Dollars (\$25,000.00).

This obligation may be continued by the Surety provided that such continuation shall not be cumulative and that the Surety's aggregate liability shall in no event exceed the amount of the bond.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Attorney in Fact

ATTEST \_\_\_\_\_  
Title:

\_\_\_\_\_  
Surety Producer

Bond forms change; this is for educational purposes only.  
(Seal of Corporate Principal if Applicable)

# 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**  
**Fax: (602) 674-8235**

**E-Mail WWIS@WWISINC.COM**