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STATE OF COLORADO
DEPARTMENT OF LAW
Consumer Protection Section

Ralph L. Carr
Colorado Judicial Center
1300 Broadway, 7th Floor
Denver, Colorado 80203
Phone (720) 508-6000

Bond No. _____

REPOSSESSOR BOND

KNOW ALL PEOPLE BY THIS DOCUMENT, that we _____
_____, as Principal, doing business at _____
_____ and _____,
as Surety authorized to transact business in Colorado, are held and firmly bound unto the ATTORNEY GENERAL in the STATE OF COLORADO, for the use and benefit of every person establishing legal rights hereunder, in the amount of FIFTY THOUSAND DOLLARS, to the payment of which we hereby bind ourselves, our heirs, administrators, executors, representatives, successors and assigns, firmly by this document.

WHEREAS, Colorado Revised Statutes § 4-9-629, requires a secured party or its assignee who wishes to recover or take possession of collateral upon a debtor's default to either be held responsible under general principles of agency law for actions of Repossessors or to contract to recover or to take possession of collateral only with a person who is bonded for property damage or conversion of such collateral in the amount of fifty thousand dollars, and WHEREAS such bond must be filed with and drawn in favor of the Attorney General of the State of Colorado;

NOW, THEREFORE, the condition of this obligation is such that if the above-named principal shall satisfy all money judgments, default or otherwise, rendered against it by a court of competent jurisdiction or in binding arbitration, this obligation is void, but if the principal shall fail to satisfy any such judgment arising from damages or losses suffered by a debtor as a result of principal acting in the course of recovering or taking possession of collateral, this obligation remains in full force and effect.

This bond shall become effective on the _____ day of _____,
20____.

The surety shall have the right to terminate its liability hereunder only by giving the principal and the Colorado Attorney General written notice of such termination, in accordance with the requirements provided by C.R.S. § 10-4-109.7, addressed to the principal and to the Colorado Department of Law; Consumer Protection Section; Ralph L. Carr Colorado Judicial Center; 1300 Broadway, 7th Floor; Denver, CO 80203.

In no event shall the aggregate liability of the surety for all claims under this bond exceed the amount of this bond.

Bond forms change; this is for educational purposes only.

WITNESS our hands and seals this _____ day of _____, 20____.
Signed, sealed, and delivered in the presence of:

[SEAL]

Surety Company Name

By: _____
Representative Signature

Signed and acknowledged by Surety's Agent, _____, before me
this _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

WITNESS our hands and seals this _____ day of _____,
20____. Signed, sealed, and delivered in the presence of:

[SEAL]

Repossessor Company Name

By: _____
Owner Signature

[SEAL]

Repossessor Company Name

By: _____
Owner Signature

Signed and acknowledged before me this _____ day of _____,
20____.

NOTARY PUBLIC

My Commission Expires:

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.

Worldwide Insurance Specialists, Inc
 2424 W. Missouri AVE
 Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
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