

BOND NUMBER _____

BOND OF VIATICAL SETTLEMENT PROVIDER

KNOW ALL MEN BY THESE PRESENTS, that we _____

of _____ 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 for its use and benefit in the penal sum of One Hundred Thousand and No/100 Dollars \$100,000.00 lawful money of the United States of America, for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

WHEREAS, the above Principal has applied for a certificate of authority in the State of Colorado, to enter into or effectuate viatical settlement contracts in conformance with Title 10, Article 7, Part 6 Colorado Revised Statutes.

NOW THEREFORE, the condition of this obligation is such that, 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 Commissioner of Insurance, 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.

This obligation shall continue for so long as the license applied for or any renewal of the said license shall be in force and effect but the aggregate liability of the SURETY for any and all breaches of the conditions of this bond shall, in no event, exceed the amount of this bond as herein above set forth regardless of the number and amount of the claims against the bond and regardless of the length of time the license or any renewals thereof shall be in force and effect.

The SURETY shall have the right to cancel this bond by giving thirty (30) days written notice to the Commissioner of Insurance with copy thereof to the PRINCIPAL set forth above and the SURETY shall thereafter be relieved of liability for any breach of condition occurring after the effective date of such cancellation.

IN WITNESS WHEREOF, we have set our hands and seals this _____ day of _____ 20_____

(PRINCIPAL)

(NAME & TITLE)

(INSURER)

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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