

LOCATION TO BE LICENSED: STREET: _____ CITY: _____ STATE: _____
--

Bond# _____

CONSUMER COLLECTION AGENCY BOND

KNOW ALL MEN BY THESE PRESENTS

That we _____ of _____ County of _____ State of _____ as Principal, and _____ a surety company, having its principal place of business in _____ County of _____ State of _____ duly authorized to do business in the state of Connecticut, as Surety, are held and firmly bound unto the Commissioner of Banking of the state of Connecticut for the use of the people of the State and the Commissioner, as obligees, in the penal sum of Five Thousand Dollars (**\$5,000**) for the payment of which penal sum the said Principal and Surety do jointly and severally bind themselves, their heirs, executors, administrators, successors and assigns, and each and every of them firmly by these presents.

Signed, sealed and delivered this _____ day of _____ A.D., 20____.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT WHEREAS, the above-named Principal has made application or renewal application to the Commissioner for a license to act within the state of Connecticut as a consumer collection agency pursuant to Section 36a-801 of the Connecticut General Statutes, as may be amended, and any regulations promulgated thereunder.

NOW, THEREFORE, if the said Principal shall well and truly and faithfully account for all funds entrusted to the Principal and collected and received by the Principal in the Principal's capacity as a consumer collection agency, then this obligation shall be null and void; otherwise to remain in full force and effect subject to the following condition:

The duration of this bond shall be continuous in nature. The Surety shall have the right to cancel the bond at any time by a written notice to the Obligee, stating the date cancellation shall take effect. Such notice shall be sent by certified mail to the Obligee at least thirty (30) days prior to the date of cancellation.

Any person who may be damaged by the wrongful conversion of any creditor, consumer debtor or property tax debtor funds held by the Principal, may proceed on such bond against the Principal or Surety, or both, to recover damages subject to the following conditions:

1. Such person must advise the Surety, in writing, of such failure or wrongful conversion within ninety (90) days of the discovery of such occurrence; and
2. No suit or action to recover under this bond will commence after the expiration of one (1) year following the receipt of notice of failure or wrongful conversion by the Principal, it being understood, however, that if any limitation embodied in this bond is prohibited by any law controlling the construction hereof, such limitation shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

Notwithstanding the above, the Commissioner may proceed on such bond against the Principal or Surety, or both, to collect any civil penalty imposed upon the Principal pursuant to subsection (a) of Section 36a-50 of the Connecticut General Statutes, as may be amended.

Further, in no event shall the aggregate liability under the bond exceed the penal sum for the bond.

IN WITNESS WHEREOF, the said _____
(Principal)
has hereunto set his, her, its hand and seal and the said _____
(Surety)
_____ has caused this instrument to be signed by its _____
_____ and its corporate seal to be hereunto affixed, the day and year first written.

Witness as to Principal

_____ **By:** _____ **(L S)**
(Principal)

Witness as to Surety

_____ **By:** _____ **(L S)**
(Surety)

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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