

<b>LOCATION TO BE LICENSED:</b>  <b>STREET:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> _____
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Bond # \_\_\_\_\_

**DEBT NEGOTIATOR 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 Banking  
Commissioner of the State of Connecticut for the use of the people of the State and the Commissioner, as Obligees,  
in the penal sum of Forty Thousand Dollars (**\$40,000**) 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 debt negotiator pursuant to Section 41 of Public Act 09-209, as may be amended, and any regulations promulgated thereunder.

**NOW, THEREFORE,** if the said Principal faithfully performs any and all written agreements with debtors and conducts such business consistent with the provisions of Section 41 of Public Act 09-209, as may be amended, and Sections 30 to 33, inclusive, of Public Act 09-208, as may be amended, then this obligation shall be null and void; otherwise to remain in full force and effect.

The duration of this bond shall be continuous. 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 debtor who may be damaged by failure of the Principal to perform any written agreements or by conduct inconsistent with the provisions of Section 41 of Public Act 09-209, as may be amended, and Sections 30 to 33, inclusive, of Public Act 09-208, as may be amended, may proceed on such bond against the Principal or Surety, or both, to recover damages subject to the following conditions:

- Such person must advise the Surety, in writing, of such failure or conduct within ninety (90) days of the discovery of such occurrence; and
- 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 conduct 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 \_\_\_\_\_  
(Pincipal)  
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)  
(Pincipal)

**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	
<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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