

FUND RAISING COUNSEL OR PAID SOLICITOR BOND

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

BOND NUMBER: _____

State the name and address of the insurance agency through which this bond was purchased:

Agency Name _____

Address _____

City, State & Zip Code _____

KNOW ALL MEN BY THESE PRESENTS:

That _____ of
Name of Fund Raising Counsel or Paid Solicitor

_____ of
Address of Fund Raising Counsel or Paid Solicitor
as Principal, and

_____, a corporation organized and
Name of Surety Company
existing under the laws of the State of _____, and duly authorized by
Name of State

law to become surety on bonds in the State of Connecticut, as Surety, are held and firmly bound jointly and severally, unto the State of Connecticut and to any person who may have a cause of action against the Principal for any liabilities arising out of the conduct of business by the Principal as Fund Raising Counsel or Paid Solicitor, in the sum of TWENTY THOUSAND DOLLARS (\$20,000.00), lawful money of the United States of America, to be paid to the Commissioner of Consumer Protection, State of Connecticut, for the use of the State of Connecticut, and to any person who may have a cause of action against the Principal for any such liabilities, as their interests may appear, not exceeding in the aggregate the said sum of TWENTY THOUSAND DOLLARS (\$20,000.00) for which payment well and truly to be made we, the Principal and Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, by these presents.

WHEREAS, the above bounden Principal intends to register with the Department of Consumer Protection of the State of Connecticut as Fund Raising Counsel or Paid Solicitor for the purpose of acting as Fund Raising Counsel or Paid Solicitor for a charitable organization required to register with the Department of Consumer Protection of the State of Connecticut pursuant to the Connecticut General Statutes.

NOW, the condition of the obligation is such that if the above bounden Principal shall register as such Fund Raising Counsel or Paid Solicitor with the Department of Consumer Protection of the State of Connecticut, and said Principal shall faithfully and honestly act as such Fund Raising Counsel or Paid Solicitor in accordance with law, and fully complies with all applicable provisions of the Connecticut General Statutes, and if the Principal shall fully indemnify and save harmless from loss the State of Connecticut and any person who may have a cause of action against the Principal for any liabilities arising out of the conduct of business as such Fund Raising Counsel or Paid Solicitor, then this obligation shall be void, otherwise to be and remain in full force and effect.

This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

This bond is to cover all claims arising on account of the registration of the Principal as Fund Raising Counsel or Paid Solicitor, and his acting as such.

This bond shall be effective for the full annual term hereof beginning:

_____, and expiring on _____

Effective Date (mm/dd/yyyy)

Expiration Date (mm/dd/yyyy)

Signed this _____ day of _____, _____.

Principal (Fund Raising Counsel or Paid Solicitor)

Surety

By:

By:

Signature and title of authorized representative of Principal

Attorney-in-Fact (Attach copy of Power of Attorney)

ACKNOWLEDGMENT OF INDIVIDUAL

STATE OF _____ COUNTY OF _____

On this _____ day of _____, _____ before me personally appeared _____, known to me to be the individual whose name is subscribed to the foregoing instrument and acknowledged the _____ he has executed the same for the purposes therein contained.

Notary (seal)

ACKNOWLEDGMENT OF PARTNERSHIP OR LIMITED LIABILITY COMPANY

STATE OF _____ COUNTY OF _____

On this _____ day of _____, _____ before me personally appeared _____, known to me to be the individual whose name is subscribed to the foregoing instrument as _____ of the firm of _____, and acknowledged to me that _____ he executed the same on behalf of said firm and for the purposes therein contained.

Notary (seal)

ACKNOWLEDGMENT OF CORPORATION

STATE OF _____ COUNTY OF _____

On this _____ day of _____, _____ before me personally appeared _____, who acknowledged him/herself to be the _____ of _____, a corporation and that _____ he as such corporate officer, being authorized so to do, executed the foregoing instrument for the purposes therein contain, by signing his/her name on behalf of said corporation.

Notary (seal)

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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