

SECURITY SYSTEMS AND PROTECTIVE SERVICES AGENCY BOND

KNOWN ALL MEN BY THESE PRESENTS: THAT WE _____
 IN THE COUNTY OF _____ AND STATE OF _____ AS PRINCIPAL, AND THE
 _____ A CORPORATION DULY
 ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF _____ HAVING ITS
 PRINCIPAL OFFICE AT _____ IN THE STATE OF _____ AND
 BEING DULY AUTHORIZED TO TRANSACT THE BUSINESS OF A SURETY COMPANY IN THE STATE OF
 DELAWARE, AS SURETY, ARE HELD AND FIRMLY BOUND AND OBLIGATED UNTO THE STATE OF DELAWARE IN
 THE SUM OF _____ DOLLARS, TO THE PAYMENT OF WHICH WE JOINTLY AND SEVERALLY BIND
 OURSELVES, OUR HEIRS, EXECUTORS AND ADMINISTRATORS, SUCCESSORS AND ASSIGNS, BY THESE
 PRESENTS. REGARDLESS OF THE NUMBER OF YEARS THIS BOND REMAINS IN FORCE, THE AGGREGATE
 LIABILITY OF THE SURETY FOR ANY AND ALL CLAIMS SHALL IN NO EVENT EXCEED THE PENAL SUM OF THE
 BOND.

THE CONDITION OF THIS OBLIGATION IS SUCH, THAT WHEREAS THE SAID _____
 _____ HAS APPLIED TO THE SUPERINTENDENT OF THE DELAWARE STATE POLICE FOR A
 LICENSE TO ENGAGE IN THE SECURITY SYSTEMS AND PROTECTIVE SERVICES BUSINESS, UNDER THE
 PROVISIONS OF SECTIONS 1212, CHAPTER 12, TITLE 24, OF THE DELAWARE CODE. THIS BOND IS GIVEN
 FOR A PERIOD OF _____ BEGINNING _____ AND ENDING _____.
 THIS BOND MAY BE CANCELLED BY THE SURETY AS TO FUTURE LIABILITY UPON GIVING THIRTY (30) DAYS
 WRITTEN NOTICE TO OBLIGEE, SAID NOTICE TO BE SENT CERTIFIED MAIL

NOW THEREFORE, IF THE SAID _____
 HIS OR ITS AGENTS, OPERATIVES AND ASSISTANTS SHALL HONESTLY CONDUCT THE BUSINESS AND
 PROPERLY DISCHARGE ALL THE SERVICES WHICH HE OR IT MAY PERFORM BY VIRTUE OF SUCH LICENSE,
 THEN THIS OBLIGATION SHALL BE NULL AND VOID, OTHERWISE IT SHALL BE AND REMAIN IN FULL FORCE
 AND EFFECT. THE SAID BOND MAY BE ENFORCED IN THE NAME OF THE STATE FOR THE BENEFIT OF ANY
 PERSON INJURED BY THE WILFUL, MALICIOUS, OR WRONGFUL ACT OF THE LICENSEE, HIS OR ITS AGENTS,
 OPERATIVE AND ASSISTANTS.

IN WITNESS WHEREOF, THE SAID _____
 AS PRINCIPAL, HAS HEREUNTO SET HIS HANDS AND SEAL, AND THE SAID _____
 _____ HAS AFFIXED ITS CORPORATE SEAL AND CAUSED THESE PRESENTS TO BE SIGNED IN
 ITS BEHALF BY ITS _____ DULY AUTHORIZED THERETO, THIS
 _____ DAY OF _____, _____.

IN THE PRESENCE OF:

 (ATTACHED POWER OF ATTORNEY)

_____ PRINCIPAL
 BY: _____
 _____ SURETY
 BY: _____

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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