

**INFORMATION REGARDING COMPLETION OF
FINANCIALLY RESPONSIBLE OFFICER APPLICATION
DBPR CILB 4366**

Application begins on page 3.

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

When filing an application, be certain that the application is completely filled out, that all questions are answered truthfully and that all the information requested is furnished. **Please type or print in ink.** Applicants are cautioned to read questions thoroughly. A false answer concerning financial or background information will subject applicant to denial or subsequent disciplinary action against the license.

ELECTRONIC FINGERPRINTING: Beginning **November 1, 2007**, all applicants for initial licensure or changes of status will be required to have a criminal background check performed by the Florida Department of Law Enforcement and Federal Bureau of Investigation. **You are responsible for ensuring that your fingerprints have been scanned by the Department's vendor, Promissor, prior to submitting your application.**

Electronic fingerprinting is located at various convenient sites throughout Florida (www.myfloridalicense.com/efp3.html). Reservations and payment can be made by visiting the Promissor reservation website at www.promissor.com (and selecting 'Digital Fingerprinting Services') or by calling Promissor at 1.877.238.8232. **You must pay a fee of \$56.25 to Promissor for the processing of your electronic fingerprints. This cost is in addition to the application fees listed on this application package.**

If you are located outside of the state of Florida, or if you have any questions regarding the electronic fingerprinting process, please visit www.myflorida.com/dbpr/pro/cilb/faq.html.

Bond forms change; this is for educational purposes only.

TRANSACTION	APPLICATION CHECKLIST
<p>Financially Responsible Officer</p>	<p>FEES:</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$200 <input type="checkbox"/> Make check payable to the Department of Business and Professional Regulation. <p>FORMS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> DBPR CILB 4366 – Financially Responsible Officer Application <input type="checkbox"/> DBPR 0050 and 0060, as applicable, if you responded “yes” to any of the Financial Responsibility Questions on DBPR CILB 4366 – Financially Responsible Officer Application. Be informed that affirmative responses may require that your application be presented to the Construction Industry Licensing Board for review. <input type="checkbox"/> DBPR CILB 4356 – Bond Application <p>SUPPORTING DOCUMENTATION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Credit report on applicant from a nationally recognized credit reporting agency, which includes a public records statement that records have been checked at local, state and federal levels. Not every credit reporting agency includes this information. For a list of agencies, visit www.myflorida.com/dbpr/pro/cilb/index.html. <input type="checkbox"/> Make sure you have filed your electronic fingerprints with Promissor. (See page 1 of this package for additional information.) <input type="checkbox"/> Proof of satisfaction of liens, judgments and discharge of bankruptcy, if applicable.

Please send your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-0783

www.MyFloridaLicense.com

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**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783
www.MyFloridaLicense.com**

NOTE – This form must be submitted as part of an entire application packet.

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

APPLICANT INFORMATION				
Social Security Number*				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one): <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Spanish, Hispanic or Latino <input type="checkbox"/> Other				
Name of Business for which you are applying to be the Financially Responsible Officer:				
Qualified Business License Number:				
Name of Primary Qualifier:				
License Number of Primary Qualifier:				
MAILING ADDRESS				
Street Address or P.O. Box				
City		State		Zip Code (+4 optional)
County (if Florida address)			Country	
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State		Zip Code (+4 optional)
County (if Florida address)			Country	
BUSINESS LOCATION ADDRESS				
Business/Firm Name				
Street Address				
City		State		Zip Code (+4 optional)
County (if Florida address)			Country	

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.
2007 November 1

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

PRIOR NAME INFORMATION				
Have you used, been known as, or have been called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

ATTEST STATEMENT

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

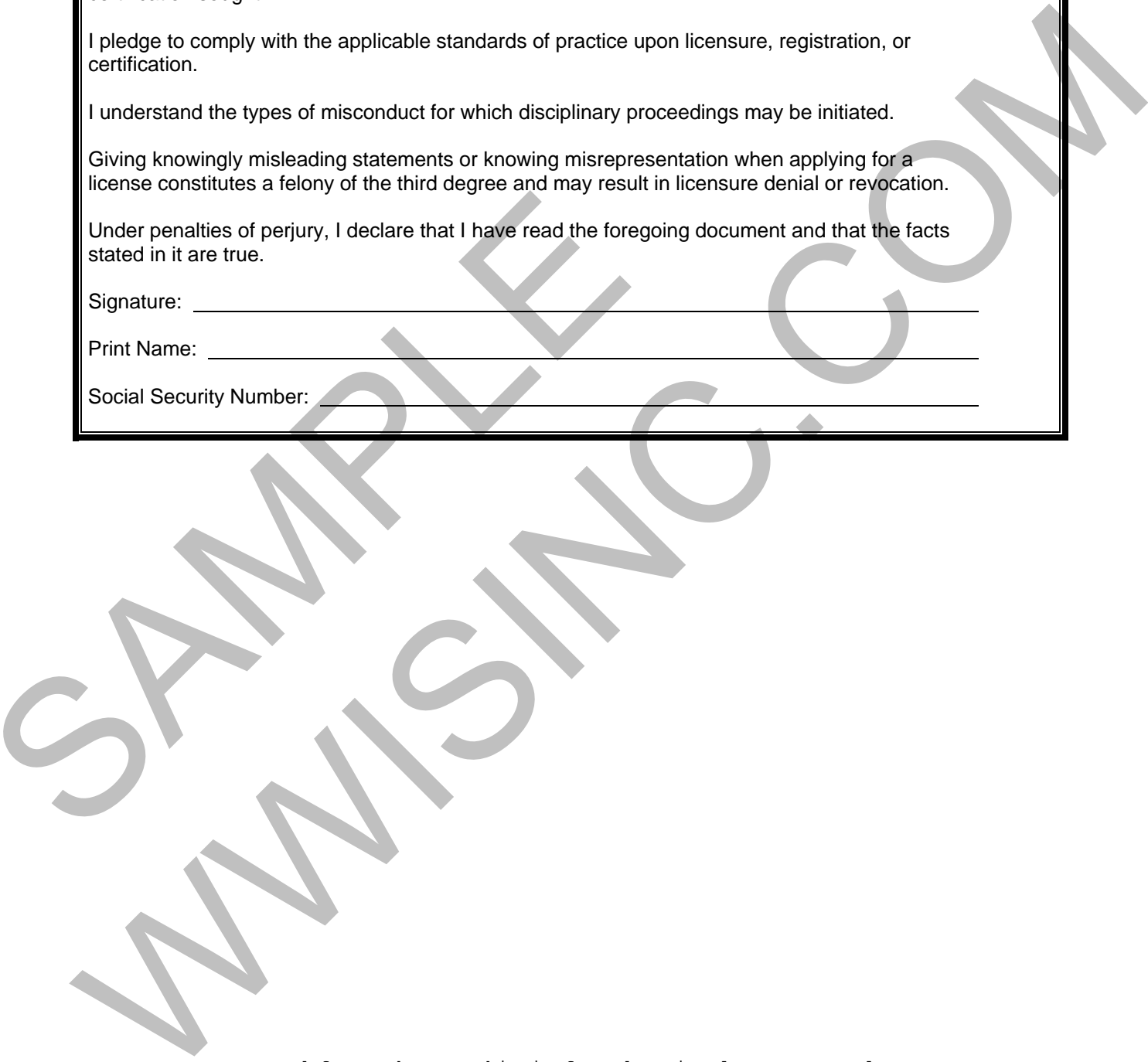
Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: _____

Print Name: _____

Social Security Number: _____



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**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**
**NOTE – This form must be submitted as part of an
application packet**

PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form 0010 this explanation pertains to:				

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

Attach additional sheets as necessary

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783

Note: This form must be submitted as
part of an application packet

If you have any questions or need assistance in completing this application, please contact the Department of
Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

Bond #: _____

STATE OF FLORIDA
COUNTY OF _____

Know all men by these presents, that we, the financially responsible officer, of
_____, a corporation duly authorized to do
business in the State of Florida, as Principal, and
_____, a corporation duly authorized to do
business in the State of Florida, as Surety, are held and firmly bound unto the Florida Construction Industry
Licensing Board, in the Penal Sum of \$100,000 Dollars for the payment whereof, well and truly to be made, we bind
ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these
presents.

SIGNED and SEALED this the _____ day of _____, 20_____.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas the above-named corporate principal has been
granted a license to conduct business under Chapter 455, Law of Florida.

Now, therefore, if the said _____, a corporation duly
authorized to do business in the State of Florida, shall well and truly and faithfully make the payments to the State
Treasurer of the State of Florida in his capacity as Treasurer of the Department of Business and Professional
Regulation as provided in and as required by any and all laws of the State of Florida business and professional
regulation, and shall faithfully and accurately keep its books and records and make reports as in any and all of said
laws provided and required, and shall conduct its conformity with said laws and rules of the Department of Business
and Professional Regulation, and shall well and truly keep and perform each and every requirement in and by said
laws and rules provided, then this obligation to be null and void, otherwise to remain in full force and effect.

This bond may be cancelled by Surety only upon 30 days prior written notice to the Executive Director of the Florida
Construction Industry Licensing Board. However, the Surety's liability shall continue for any indebtedness incurred
or accrued during the period of this bond, including the 30-day notice period.

PRINCIPAL: _____
(name of financially responsible officer)

BY: _____ President
(business to be qualified)

ATTEST: _____ Secretary
(business to be qualified)

(CORPORATE SEAL)

SURETY: _____

BY: _____
Attorney-in-Fact (Attach Power of Attorney or other Authority)

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.

Worldwide Insurance Specialists, Inc
 2424 W. Missouri AVE
 Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM