

**STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION**

BOND NO. \_\_\_\_\_

We, \_\_\_\_\_, of \_\_\_\_\_  
(Name of Commercial Collection Agency)

\_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_  
(Street Address)

\_\_\_\_\_, principal and \_\_\_\_\_, a corporation  
(Name of Surety Corporation)

incorporated under the laws of the State of \_\_\_\_\_, and duly licensed to transact a surety business in the State of Florida, are bound to the Financial Services Commission of the State of Florida as Head of the Office of Financial Regulation, and the successors in the office of said Financial Services Commission, for the use and benefit of any credit grantors as obligee, in the sum of fifty thousand dollars (\$50,000), for which payment we bind ourselves and our respective heirs, legal representatives, successors, and assigns, jointly and severally.

Principal is acting as a commercial collection agency as defined in Section 559.543(2), Florida Statutes. Pursuant to Chapter 559, Part V, principal must obtain a bond in the amount of fifty thousand dollars (\$50,000), written by an acceptable surety, conditioned on conformance with Chapter 559, Part V, Florida Statutes, as a commercial collection agency.

The condition of this bond is that principal shall act as a commercial collection agency in compliance with the provisions of Chapter 559, Part V, Florida Statutes, and any promulgated rules that may be issued now or hereafter of the State of Florida, Office of Financial Regulation, or its successors and other lawful orders of the State of Florida, Office of Financial Regulation or its successors, and any amendments to them, for this obligation to be null and void; otherwise it shall remain in full force and effect.

This bond is issued subject to the following expressed conditions:

1. The principal shall file a copy of the original surety bond with the State of Florida, Office of Financial Regulation, 200 E. Gaines Street, Tallahassee, FL 32399-0376, or its successors, upon applying for registration and upon applying for renewal of such registration.

2. The bond may be cancelled by surety by giving thirty (30) days notice in writing to the principal and the State of Florida, Office of Financial Regulation, 200 E. Gaines Street, Tallahassee, FL 32399-0376, or its successors, by United States certified mail and this bond shall be deemed cancelled at the expiration of said thirty (30) days from the service of said notice, the surety remaining liable for all or any parts of obligations covered by this bond which may have accrued by default of the principal prior to the effective date of the cancellation.

3. Subject to the foregoing provisions for termination, this bond shall be deemed to be continuous in form and shall remain in full force and effect and shall run until the date the surety receives notice from principal by United States certified mail that principal is no longer acting as a commercial collection agency, after which liability shall cease except as to any liability incurred or accrued during the period of this bond. Within fourteen (14) days of receipt of notice that principal is no longer acting as a commercial collection agency, surety shall serve a copy of principal's notice to the State of Florida, Office of Financial Regulation, 200 E. Gaines Street, Tallahassee, FL 32399-0376.

Bond forms change; this is for educational purposes only.

4. Every credit grantor damaged as a result of unlawful or fraudulent commercial collection activities of the failure of principal, or any salesperson, agency or representative thereof, to comply with the provisions of Chapter 559, Part V, and the duly promulgated rules that may be issued now or hereafter of the State of Florida, Office of Financial Regulation, or its successors, and other lawful orders of the State of Florida, Office of Financial Regulation, or its successors, and any amendments to them, may bring an action in a proper court on this bond for the amounts of damages sustained as a result of unlawful or fraudulent commercial collection practices or for the failure of principal, or any employee, agent or representative thereof, to comply with the provisions of Chapter 559, Part V, and duly promulgated rules that may be issued now or hereafter of the State of Florida, Office of Financial Regulation, or its successors, and other lawful orders of the State of Florida, Office of Financial Regulation, or its successors, and any amendments to them.

5. The aggregate liability of surety under this bond shall not exceed in any and all cases the sum of \$50,000.

6. In the event principal and surety, or either of them is served with notice of any action brought against principal or surety under this bond, written notice of the filing of such action shall be immediately given by principal or surety, as each is served with notice to the action, to the State of Florida, Office of Financial Regulation, 200 E. Gaines Street, Tallahassee, FL 32399-0376 or its successors, by United States certified mail.

7. THE BOND IS EFFECTIVE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

IN WITNESS WHEREOF the said principal has caused these presents to be executed by affixing hereto the signature of its duly authorized representative and its corporate seal to be affixed hereto attested by its duly authorized representative, and the said surety has caused these presents to be executed by the signature of its duly authorized representative and its corporate seal to be affixed hereto attested by its duly authorized representative this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and shall be deemed to be continuous; subject to cancellations as hereinabove provided.

\_\_\_\_\_  
NAME OF WITNESS AS TO PRINCIPAL

(SEAL)

\_\_\_\_\_  
SIGNATURE OF WITNESS AS TO PRINCIPAL

(SEAL)

\_\_\_\_\_  
NAME OF PRINCIPAL

\_\_\_\_\_  
NAME OF DULY AUTHORIZED  
REPRESENTATIVE OF PRINCIPAL

\_\_\_\_\_  
SIGNATURE OF DULY AUTHORIZED  
REPRESENTATIVE OF PRINCIPAL

\_\_\_\_\_  
NAME OF SURETY

\_\_\_\_\_  
NAME OF DULY AUTHORIZED  
REPRESENTATIVE OF SURETY

\_\_\_\_\_  
SIGNATURE OF DULY AUTHORIZED  
REPRESENTATIVE OF SURETY

**NOTE: SIGNATURE OF PRINCIPAL MUST BE WITNESSED.**

Bond forms change; this is for educational purposes only.

# 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**  
 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**