

**STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION**

**MONEY TRANSMITTER SURETY BOND FORM**

BOND No.: \_\_\_\_\_

We, \_\_\_\_\_, of \_\_\_\_\_  
(Name of Applicant) (Street Address)

\_\_\_\_\_ County of \_\_\_\_\_, State of \_\_\_\_\_,

principal and \_\_\_\_\_, a corporation incorporated under the laws of  
(Name of Surety Corporation)

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,

("Office") and the successors in the office of said Financial Services Commission, for the use and benefit of any claimant in

the State of Florida in the sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_), for which payment we

bind ourselves and our respective heirs, legal representatives, successors, and assigns, jointly and severally.

Principal is acting as a Part II Registrant pursuant to Chapter 560, Florida Statutes. Pursuant to Section 560.209, Florida Statutes, principal must provide to the Office a corporate surety bond by a bonding company or insurance company authorized to do business in Florida in such amount as may be determined by the Commission by rule, conditioned on conformance with Chapter 560, Florida Statutes.

This bond is issued subject to the following expressed conditions:

1. The principal shall file the original surety bond with the State of Florida, Office of Financial Regulation, 200 East Gaines Street, Tallahassee, Florida 32399-0376, or its successors, upon applying for registration.
2. The surety bond filed with the Office may not be cancelled by either the principal or the surety except upon written notice to the Office by registered or certified mail with return receipt requested. A cancellation shall not take effect less than thirty (30) days after receipt by the Office of such written notice. The surety shall remain liable for all or any part of obligations covered by this bond which may have accrued by default of the principal prior to the effective date of cancellation.
3. The Office, the Department of Legal Affairs, and any claimant may bring an action in a proper court on this bond resulting from the failure of the principal or its authorized vendors to faithfully perform obligations with respect to the receipt, handling, transmission, and payment of funds.
4. The surety must, within 10 days after it pays any claim to any claimant, five written notice to the Office by registered or certified mail with details sufficient to identify the claimant and the claim and the judgment paid.

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

Bond forms change; this is for educational purposes only.

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 continuous; subject to cancellation as hereinabove provided.

\_\_\_\_\_  
Witness as to Principal (Signature)

\_\_\_\_\_  
Name of Principal (Registrant)

\_\_\_\_\_  
Witness as to Principal (Signature)

\_\_\_\_\_  
Signature of duly authorized representative of Principal

\_\_\_\_\_  
Name of duly authorized representative of Principal

(SEAL)

\_\_\_\_\_  
Name of Surety

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number of Surety Company

\_\_\_\_\_  
Signature of duly authorized representative of Surety

\_\_\_\_\_  
Name of duly authorized representative of Surety (type name)

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

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# 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**