

**STATE OF FLORIDA  
OFFICE OF FINANCIAL REGULATION**

**MORTGAGE BROKERAGE AND MORTGAGE LENDING ACT SURETY BOND**

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

KNOW ALL MEN BY THESE PRESENTS, that \_\_\_\_\_

\_\_\_\_\_  
(Name of Mortgage Lender/Correspondent Mortgage Lender)

whose place of business is in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ as Principal, and  
(City) (County) (State)

\_\_\_\_\_  
(Name of Insurance Company)

as Surety, are held and firmly bound unto the Financial Services Commission as head of the Office of Financial Regulation, or his successors in office, in the penal sum of Ten Thousand (\$10,000) dollars in the aggregate, lawful money of the United States of America, for payment of which well and truly to be made, we bind ourselves and each of our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents:

THE CONDITIONS OF THIS OBLIGATIONS ARE SUCH THAT the Principal, the above bounden

\_\_\_\_\_  
(Name of Mortgage Lender/Correspondent Mortgage Lender)

shall faithfully perform all duties and responsibilities under the provisions of the Mortgage Brokerage and Mortgage Lending Act, Chapter 494, Florida Statutes, and abide by all rules and regulations of the Office of Financial Regulation as promulgated by the Commission.

IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that if the Surety shall so elect, this bond may be cancelled and discontinued by giving thirty (30) days notice in writing to the Principal and the Office of Financial Regulation, 200 E. Gaines Street, Tallahassee, FL 32399-0376, or his successors in office by United States registered 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 part of obligations covered by this bond which may have accrued by default of the Principal prior to the effective date of cancellation.

IN WITNESS WHEREOF the said principal has caused these presents to be executed by affixing hereto his or her signature, and the said surety has caused presents to be executed by the signature of its attorney-in-fact and its corporate seal to be affixed hereto attested by its attorney-in-fact this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. This bond shall become effective on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and shall be deemed to be continuous; subject to cancellation as hereinabove provided.

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

\_\_\_\_\_  
Principal (Signature)

\_\_\_\_\_  
(SEAL)  
Witness as to Principal (Type Name)

\_\_\_\_\_  
Principal (Type Name)

\_\_\_\_\_  
Surety (Name of Insurance Company)

\_\_\_\_\_  
By Attorney-in-Fact (Signature)

\_\_\_\_\_  
By Attorney-in-Fact (Type Name)

NOTE: Attach to this Bond a properly certified copy of the POWER of ATTORNEY.  
Signature of Principal MUST BE WITNESSED.

# 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**