

**PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR SURETY BOND FORM**

**SURETY BOND NO:** \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS THAT \_\_\_\_\_  
(Principal's name as it appears on license/.permit), City of \_\_\_\_\_,  
County of \_\_\_\_\_, State of \_\_\_\_\_, as Principal and  
\_\_\_\_\_ (surety name), a corporation organized and existing under  
the laws of the State of \_\_\_\_\_, with a place of business at  
\_\_\_\_\_, (surety address), City  
of \_\_\_\_\_, County of \_\_\_\_\_, State of  
\_\_\_\_\_, and licensed to transact a surety business in the State of Florida,  
as surety are indebted to the State of Florida, Department of Business and Professional  
Regulation (DBPR), in the penal sum of *One Hundred Thousand Dollars* (\$100,000), for  
which payment principal and surety bind ourselves and our legal representatives and  
successors, jointly and severally.

The condition of this obligation is that principal is a permitted prescription drug  
wholesale distributor or out-of-state prescription drug wholesale distributor as defined in  
§ 499.01(2)(d) or (e), Florida Statutes (F.S.), and is required by the DBPR pursuant to §  
499.01(2)(d) or (e), F.S., to post a surety bond in the amount of \$100,000. The purpose  
of this surety bond is to ensure compliance with the requirements of and for wholesale  
distribution of prescription drugs as set forth in the Florida Drug and Cosmetic Act,  
Chapter 499, Florida Statutes (the Act) and the rules adopted thereunder, and to secure  
payment of any administrative penalties imposed by DBPR and any fees and costs  
incurred by DBPR regarding that permit and which the principal fails to pay 30 days  
after the fine or costs become final.

If principal and all of principal's agents and employees faithfully conform to and  
abide by the provisions of the Act and rules adopted thereunder, together with all  
amendatory and supplementary acts and rules, now and hereafter enacted, then this  
obligation shall be null and void; otherwise, it shall be in full force and effect.

1. The total aggregate liability of the surety shall be limited to the sum of  
\$100,000 Dollars and is for the Principal's noncompliance with the Act and the  
rules adopted thereunder, and for payment of any administrative penalties  
imposed by DBPR and any fees and costs incurred by DBPR, both regarding  
the Principal's operation as a prescription drug wholesale distributor or out-of-  
state prescription drug wholesale distributor, which the Principal fails to pay  
30 days after the fine or costs become final.
2. This bond and the obligation under the bond shall be deemed to run  
continuously, and shall remain in full force and effect for one year after the  
principal's prescription drug wholesale distributor permit or out-of-state

- prescription drug wholesale distributor permit issued under the Act ceases to be valid or until 60 days after any administrative or legal proceeding authorized in the Act, which involved the principal is concluded, including any appeal, whichever occurs later, or as otherwise provided by law, except that in the event Surety exercises its right of termination pursuant to Paragraph 4 below, claims can be made for up to one year after the effective date of the termination.
3. The DBPR, acting through the Secretary, reserves the right, at any time, to terminate this bond, except as to any liability already incurred or accrued, by written notice of such termination to the surety delivered or mailed by certified or registered mail. On expiration of the period designated in such notice, which period shall be not less than sixty (60) days from the time the notice was mailed, this bond shall terminate and be of no further force or effect except as to any liability incurred or accrued prior to such termination.
  4. Surety reserves the right to terminate this bond at any time, such termination to be effected by surety's giving sixty (60) days written notice, including reason, by certified and regular mail to: Florida Department of Business and Professional Regulation Drugs, Devices, and Cosmetics Program, 1940 North Monroe Street, Tallahassee FL 32399-0783. The liability of surety on this bond shall cease sixty (60) days after receipt of the termination notice by DBPR and principal, or on the filing and acceptance of a new bond whichever first occurs; and the bond shall terminate and be of no further force or effect, except as to any liability, debt, or other obligation incurred or accrued prior to the effective date of such termination. The principal insured under the bond shall, within thirty (30) days of the filing of the notice of termination, provide DBPR, Drugs, Devices, and Cosmetics Program with a replacement bond.
  5. 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 of the action to: Florida Department of Business and Professional Regulation Drugs, Devices, and Cosmetics Program, 1940 North Monroe Street, Tallahassee FL 32399-0783
  6. In the event any actions or proceedings are initiated with respect to this bond, the parties agree that the venue shall be Leon County, State of Florida.
  7. Should any proceedings be necessary to enforce this bond, DBPR shall be allowed to recover any reasonable attorney fees, in addition to other sums found due.
  8. It is agreed that this bond shall be governed by and construed in accordance with the laws of the State of Florida.

9. Neither this bond nor the obligation of this bond, nor any interest in the bond, may be assigned without the prior, express, and written consent of surety and DBPR.

10. No right of action shall accrue on account of this bond for the use or benefit of any individual, partnership, corporation, or other entity, other than DBPR and its successors or assigns responsible for implementing and enforcing the Act.

This bond shall become effective as of the \_\_\_\_\_ day of \_\_\_\_\_, '\_\_\_\_\_.

In witness whereof, each party to this bond has caused it to be executed on this \_\_\_ day of \_\_\_\_\_, '\_\_\_\_\_.

PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR SURETY COMPANY

or

OUT-OF-STATE PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR

\_\_\_\_\_  
Surety Company's Representative

\_\_\_\_\_  
*Attorney-in-Fact  
print name*

\_\_\_\_\_  
Principal's Authorized Representative

SIGNED and SEALED in the presence of:  
presence of:

SIGNED and SEALED in the

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

(Note: Attach to this Bond a properly certified copy of the Agent's Power of Attorney.)

# 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**  
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 Phoenix, AZ 85015

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**Local (602) 749-0702**  
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