



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services – Bureau of Licensing
 200 East Gaines Street, Larson Building Room 419
 Tallahassee, FL 32399-0319

Public Adjuster's Bond

Bond # _____

KNOW ALL MEN BY THESE PRESENTS, That _____, SS# _____ whose residence is _____ and place of business is _____, as Principal, and _____ as Surety are held and firmly bound unto THE DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF FLORIDA, or its successors in office, in the penal sum of Fifty Thousand (\$50,000) dollars, lawfully money of the United States of America, for payment of which well and truly to be made, we bind ourselves, and our and each of our heirs, executors, administrators, successors and assign jointly and severally, firmly by these presents:

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT the Principal, the above bounded _____ shall faithfully comply with the conduct business under his/her license in accordance with the provisions of the public adjuster laws, Part VI of Chapter 626, Section 626.851 through 626.878 Florida Statutes, and abide by all rules and regulations of THE DEPARTMENT OF FINANCIAL SERVICES as promulgated by the CHIEF FINANCIAL OFFICER. The obligation shall be null and void; otherwise, and it shall remain in full force and effect. This bond shall be in favor of the department and shall specifically authorize recovery by the department of the damages sustained in case the licensee is guilty of fraud or unfair practices in connection with his or her business as a public adjuster.

IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that if the Surety shall so elect, this bond may be canceled and discontinued by giving thirty (30) days notice in writing to the Principal and filed with THE DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF FLORIDA, or its successors in office, by United States registered mail and this bond shall be deemed canceled at the expiration of the said thirty (30) days from the receipt of the said notice, the Surety remaining liable for all or any part of such premium receipts tax and other obligations covered by this bond, which may have accrued by default of the Principal prior to the effective date of the cancellation.

IN WITNESS WHEREOF the said Principal has caused these presents to be executed by affixing thereto his/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 _____, year of _____. This bond shall become effective on the _____ day of _____, year of _____, and remain in force until canceled.

Principal

Surety (name of insurance company)

Witness to Principal

Attorney-in-Fact (signature)

(SEAL)

Print Name

Licensed General Lines Agent (Must be currently appointed by above Surety)

LIC#

Street

City

State _____ *Zip Code* _____

NOTE: Attach to this bond a properly certified copy of the agent's Power-of-Attorney. Signature of Principal **MUST BE WITNESSED**. Type below each signature the name of the person having affixed his/her signature. THIS BOND MUST BE COUNTERSIGNED BY A FLORIDA LICENSED GENERAL LINES AGENT OF THE SURETY.

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.

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