

BOND NUMBER: _____

KNOW ALL MEN BY THESE PRESENTS, that we _____
(name of agency)
a/an _____, with business location(s) at:
(individual, partnership, etc.)

as Principal, and _____
(name of insuring agency)
of _____, as Surety, are held and firmly bound unto the
(address)

Screen Actors Guild in the penal sum of _____ to the payment whereof we bind ourselves, our heirs, executors, administrators and assigns, firmly by these presents.

WHEREAS, a franchise has been approved to be granted to the Principal by the Screen Actors Guild to engage in business as a talent agency.

It is a condition of this bond that the said Principal is to comply with the Screen Actors Guild Codified Agency Regulations Rule 16(g) and all of the laws and regulations governing the acts of talent agencies in the State of Florida and a further condition of this obligation is that the Principal and Surety to this bond shall be subject to suit and/or arbitration by action thereon by any person who shall sustain actionable injuries or loss or damage, including reasonable costs and attorney's fees, by the conduct on the part of the Principal, and it shall be for the purpose of indemnifying any persons injured or damaged or who may suffer loss due to any wrongful act of the Principal, his agents, or employees.

Regardless of the number of years this bond remains in full force or the number of premiums paid, and regardless of the number or amount of claims or claimants, in no event shall the aggregate liability of the surety under this bond exceed the penal sum of the bond.

This bond shall be deemed continuous in form and shall remain in full force and effect throughout the term that the talent agent maintains a Screen Actors Guild franchise unless terminated or cancelled in the manner herein provided.

The Surety may, at any time, cancel this bond by giving thirty (30) days written notice by registered mail to Screen Actors Guild; the Surety, however, remaining liable for any defaults under this bond committed prior to the expiration of such thirty (30) day period.

The effective date of this bond is _____.

Signed, sealed and dated this _____ day of _____, _____.

PRINCIPAL: _____

BY: _____

PRINCIPAL (MUST AGREE WITH OWNER SIGNATURE ON FRANCHISE APPLICATION)

BY: _____

WITNESS TO PRINCIPAL SIGNATURE

SURETY COMPANY: _____

BY: _____

AGENT OF SURETY COMPANY

BY: _____

ATTORNEY-IN-FACT

PLEASE MAIL COMPLETED FORM TO:

SCREEN ACTORS GUILD
Agency Department

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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