

GEORGIA DEPARTMENT OF BANKING AND FINANCE  
2990 BRANDYWINE ROAD, SUITE 200  
ATLANTA, GEORGIA 30341-5565

CHECK CASHER—DRAFTS ACCEPTED FOR COLLECTION WITH PAYMENT DEFERRED

Bond No. \_\_\_\_\_

BOND

Amount \$ \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That

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

\_\_\_\_\_  
(Business Address of Principal)

of the City of \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_

as the Principal, and \_\_\_\_\_ of the City of \_\_\_\_\_,  
(Name of Corporate Surety)

County of \_\_\_\_\_, State of \_\_\_\_\_, as surety, are held and firmly bound unto the State of Georgia for the use and benefit of the State and of any claimant against the Principal or his agents in the principal sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

WHEREAS, the above-named Principal has been authorized by the Georgia Department of Banking and Finance to be licensed or registered to engage in the business of cashing checks, drafts or money orders, whether through its own acts or the acts of any employee or agent of the Principal, pursuant to Official Code of Georgia Annotated ("O.C.G.A.") § 7-1-700 *et seq.* and GA. COMP. R. & REGS. Chapter 80-3-1.

NOW, THEREFORE, the condition of the foregoing obligation is such that if the Principal-obligor shall comply with the provisions of O.C.G.A. § 7-1-700 *et seq.*, as amended, and all regulations duly promulgated hereunder and all other laws applicable to the conduct of its business, and pay any and all monies that may become due and owing to any creditor of or claimant against the Principal arising solely out of the Principal's business in accepting drafts<sup>1</sup> for collection with payment deferred, then this obligation will be void: otherwise the same will remain in full force and effect.

<sup>1</sup> Pursuant to O.C.G.A § 11-3-104, the term "draft" includes, but is not limited to, checks and money orders.

This obligation is issued under and is governed by O.C.G.A. § 7-1-700 *et seq.* and the obligations of the Corporate Surety shall be those set forth therein.

This bond becomes effective as of \_\_\_\_\_, 20\_\_\_\_\_, in support of the check cashing license or registration issued to the Principal by the Georgia Department of Banking and Finance. This obligation may be continued by appropriate license or registration renewal certificates issued for subsequent years and may not be canceled by either the Principal or the Corporate Surety, except upon notice to the Georgia Department of Banking and Finance by registered or certified mail with return receipt requested, and the cancellation shall be effective not less than 30 days after receipt by the Georgia Department of Banking and Finance of such notice and only with respect to any breach of condition occurring after the effective date of such cancellation.

Provided further that regardless of the number of years this bond remains in force or the number of premiums paid, the total aggregate liability of the Corporate Surety shall not exceed the principal amount of the surety bond required to be maintained by the Principal in order to keep its license or registration.

By signing below, the Principal hereby acknowledges that the Georgia Department of Banking and Finance may release to the Corporate Surety any information that the Georgia Department of Banking and Finance deems necessary to support any claim made against this surety bond. The Georgia Department of Banking and Finance shall be entitled to rely on a copy of the release signed by the Principal when disclosing such information.

WITNESS WHEREOF, the parties hereto have hereunto set our hands and affixed our seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Principal (SEAL)

By: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
(SEAL)

Corporate Surety

By: \_\_\_\_\_

Title: \_\_\_\_\_

# 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**  
**Fax: (602) 674-8235**

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