

**Georgia Cemetery and Funeral Services Act
Merchandise Dealers Bond**

Bond #

KNOW ALL MEN BY THESE PRESENTS, that we _____
of _____ as Principal and
(Address)
_____ of _____
(Address)
_____, as Surety, a corporation organized under the laws of the State of

_____ and authorized to do business in the State of Georgia, are held and firmly bound into the Secretary of State of Georgia as Obligee, and to any person who may have a cause of action against the Principal for an malfeasance or misfeasance in the conduct by the Principal as a merchandise dealer in connection with the installation of burial or funeral merchandise in the sum of twenty-five thousand dollars (\$25,000), lawful money of the United States, for the payment whereof to the Obligee, and to any person who may have a cause of action against the Principal for any such conduct by the Principal, as their interests may appear, not exceeding in the aggregate the said sum of \$25,000, for which payment the Principal and the Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the said Principal has applied to the State of Georgia to be licensed as a merchandise dealer pursuant to O.C.G.A. 10-14-4(b)(3) and from time to time will conduct work in cemeteries in connection with its business as a merchandise dealer and installer, and the said Obligee is willing to grant said registration;

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounded Principal shall pay and hold harmless the said Obligee and the owners of any cemetery, in which it does such work, against any and all damage, including loss of use to property of any person which shall be occasioned by the acts or operation of the said Principal, their servants, agents, employees, contractors, or sub-contractors in connection with the installation of burial or funeral merchandise in such cemetery, within one year from the date of such work in or about such cemetery, and will make good to said Obligee or owner of such cemetery or cemetery lots, any loss, damage, counsel and expense fees, expenses and costs sustained by it in consequence of or arising out of such work and will at their own expense defend said Obligee and any such cemetery against any suit at all that may be instituted against it in consequence of any such alleged liability; then this obligation is to be void, or; otherwise, to remain in full force and virtue.

This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted. This bond is to cover all claims arising on account of the registration of the Principal and his acting as a merchandise dealer beginning on _____ and expiring on the first anniversary thereof

IN WITNESS WHEREOF we have hereunto set our hands and seals

This _____ Day of _____ 20 _____
Name of Principal: _____ By: _____ Title: _____

Signed and sealed in my presence _____ (Seal)
This _____ Day of _____ 20 _____
(Seal)

Notary Public: _____ My Commission Expires: _____
Name of Surety: _____ By: _____ Title: _____

Signed and sealed in my presence _____
This _____ Day of _____ 200 _____

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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