

SURPLUS LINES BROKER'S BOND

STATE OF GEORGIA

COUNTY OF _____

KNOW ALL MEN BY THESE PRESENTS:

That _____, whose residence or place of business is in the city of _____, State of Georgia, as Principal and _____, as Surety, a corporation duly authorized to write surety bonds in this State, are held and firmly bound unto John W. Oxendine, Commissioner of Insurance, State of Georgia and his successors in office in the penal sum of Fifty Thousand Dollars (\$50,000.00), lawful money of the United States of America, for the payment of which well and truly to be made, we bind ourselves and each of our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents:

The Conditions of the above obligation are such that:

WHEREAS, the above bounden Principal pursuant to the provisions of the Official Code of Georgia Annotated (sections 33-5-20 through 33-5-35), as amended, is applying or has applied to the Commissioner of Insurance of the State of Georgia for a license to place surplus lines of insurance in companies or with insurers not admitted to do business in this State;

NOW, THEREFORE, if the said above bounden Principal shall fully and faithfully comply with the requirements of the said Official Code of Georgia Annotated, and shall file with the Commissioner of Insurance of the State of Georgia on or before April 15th of each year and quarterly thereafter, a sworn statement of the gross premiums charged for insurance placed, and the gross premiums returned on such insurance cancelled under such license during the preceding quarter, and at the time of filing such statement shall pay to the Commissioner of Insurance of the State of Georgia a sum equal to four percentum of such gross premiums, less return premiums, so reported; and shall faithfully account to all persons requesting him/her to obtain insurance for them for monies or premiums collected in conjunction therewith; and will in all other respects fully comply with the provisions of said Official Code of Georgia Annotated, as amended; then this obligation is to be void; otherwise to remain in full force and effect.

IN WITNESS WHEREOF, the said Principal has caused these presents to be executed by affixing hereto his or her signature, and the said Surety has caused these presents to be executed by the signature of its

_____ and its corporate seal to be affixed hereto, attested by its _____,

(Agent or Attorney in Fact)

this the _____ day of _____, 20____.

(Seal)

NOTE: Attach certified copy of Power of Attorney or representative of Surety Company who signs bonds.

_____(Seal)

(Principal)

_____(Seal)

(Surety)

By: _____(Seal)

As _____ of Surety

(Title)

Attest: _____

(If required by power of attorney)

(Licensed Georgia Resident Agent & License No.)

GID 114

Stock# 6011-11 (8/05)

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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Phoenix, AZ 85015

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