

BLANKET BOND

TIME SHARE PLAN

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____

[] acquisition agent, [] plan manager of _____
(Address)
_____, as Principal, and _____

_____ as Surety, are held and firmly bound unto the State of Hawaii, for the benefit of purchasers, time share owners and the time share association who may have cause of action against the Principal under the provisions of Section 514E-10(b) and (c), Hawaii Revised Statutes, and rules promulgated pursuant thereto in the sum of _____ THOUSAND DOLLARS (\$ _____) in lawful money of the United State of America, for the payment of which to the purchasers, time share owners and the time share association well and truly to be made, we hereby bind ourselves jointly and severally, and our heirs, executors, administrators, successors and assigns, firmly by these presents.

THE CONDITIONS OF THIS OBLIGATIONS ARE AS FOLLOWS:

THAT, WHEREAS, the above bounden Principal has been registered under the provisions of Chapter 514E, HRS, and rules promulgated pursuant thereto, to engage in the business of time sharing.

THAT, WHEREAS, the above bounden Principal, if an acquisition agent, agrees to pay purchasers who suffer loss or are injured as a result of any violation by the acquisition agent or its employees, agents or independent contractors of any solicitation advances, or other regulations governing the use of the premises or premises in which the time sharing plan or plans are promoted.

THAT, WHEREAS, the above bounden Principal, if a plan manager, agrees to pay purchasers who suffer loss or are injured as a result of any default of the plan manager and any of its employees, directors, officers, agents, volunteers or independent contractors or their duties and responsibilities.

NOW, THEREFORE, if the Principal, its employees, directors, officers, agents, volunteers and independent contractors shall faithfully and truly comply with Section 514E-10(b) and (c), HRS, and rules promulgated pursuant thereto, then this obligation shall be void, otherwise, this obligation shall be and remain in full force and effect. A purchaser who has a right of action to recover under this bond is entitled to receive a reasonable attorney's fee, to be allowed by the court, incurred to procure the recovery under this bond; provided, however, that the aggregate liability of the Surety shall in no event, exceed the amount of the bond.

AND, the Surety shall provide, not less frequently than annually, written assurances to the directors and to the time share owners association that the bond is in full force and effect.

AND, coverage under the bond shall not be affected by the plan manager's status (if such be the case) as an independent contractor or agent of the time share owners association.

AND, the amount of the bond shall be calculated according to the provisions of Section 16-106-40(b) or Section 16-106-40.1 or Chapter 106, Hawaii Administrative Rules, Time Sharing.

AND, the bond may not be changed or amended without the prior written consent of the director.

AND, the Surety, herein named, may cancel this bond by giving thirty (30) days notice in writing to the Director of Commerce and Consumer Affairs and the time share owners association and shall thereafter be relieved of any liability of any breach of condition occurring after the effective date of cancellation.

IN WITNESS WHEREOF, we, the said Principal and the said Surety, have hereunto set our hands and seals this _____ day of _____, A.D. _____

Principal

By

Title

Bond forms change; this is for educational purposes only.

STATE OF HAWAII)
)SS.
_____ COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared _____ and _____, to me known to be the person(s) described herein, and who, being duly sworn, did say that he/she/they is/are the said _____ named in the foregoing instrument, and that he/she/they executed said instrument as his/her/their own free act and deed.

(Signature)

(NOTARY STAMP OR SEAL)

(Signature)

Notary Public, State of Hawaii
My commission expires: _____

Doc. Date: _____	# Pages: _____
Notary Name: _____	Circuit _____
Doc. Description: _____	_____
_____	_____
Notary Signature _____	Date _____
NOTARY CERTIFICATION	

(NOTARY STAMP OR SEAL)

Bond forms change; this is for educational purposes only.

Surety

By _____

STATE OF HAWAII)
)SS.
_____) COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared _____ and _____, to me known to be the person(s) described herein, and who, being duly sworn, did say that he/she/they is/are the said _____ named in the foregoing instrument, and that he/she/they executed said instrument as his/her/their own free act and deed.

(Signature)

(NOTARY STAMP OR SEAL)

(Signature)

Notary Public, State of Hawaii
My commission expires: _____

Doc. Date: _____	# Pages: _____
Notary Name: _____	Circuit _____
Doc. Description: _____	

Notary Signature _____	Date _____
NOTARY CERTIFICATION	

(NOTARY STAMP OR SEAL)

NOTE: Acquisition agent or plan manager may also include developer. If included, so indicate.

This material can be made available for individuals with special needs. Please call the Time Share Administrator at (808) 568-2709 to submit your request.

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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.

Worldwide Insurance Specialists, Inc
 2424 W. Missouri AVE
 Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM