

BOND FORM - COLLECTION AGENCY

Collection Agency
Department of Commerce and Consumer Affairs
PVL Licensing Branch
P.O. Box 3469
Honolulu, Hawaii 96801
Access this form via website at: hawaii.gov/dcca/pvl

- INSTRUCTIONS FOR FILING:**
1. Complete **all** sections of form as required.
 2. **Both** applicant **and** surety must complete and notarize page 2.
 3. Failure to submit a completed form will delay processing of your license.
 4. Attach Power of Attorney if applicable.

BOND NO. _____

Main - \$25,000
Branch - \$15,000

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____,
(Name of Principal)

State of Hawaii, as Principal, and _____
(Name of Surety) as Surety, and authorized by

the Insurance Commissioner, State of Hawaii, to transact the business of surety insurance, are held and firmly bound unto the State of Hawaii, in the full and just sum of _____ (_____)

in lawful money of the United States of America, and hereby bind ourselves jointly and severally, and our heirs, executors, administrators, successors and assigns, firmly by these presents.

THAT WHEREAS, the said bounden Principal shall act or assume to act or advertise as a collection agency under the provisions of Chapter 443B, HRS, and rules promulgated pursuant thereto.

THAT WHEREAS, the said bounden Principal shall faithfully, promptly and truly account and pay within thirty (30) days after the calendar month, to its clients the net proceeds due on all collections made during the calendar month.

THAT WHEREAS, the said bounden Principal shall comply with all requirements of Chapter 443B, HRS, and any other statute now in force or hereafter enacted with respect to the duties, conduct, obligations, and liabilities of collection agencies.

NOW, THEREFORE, if the said bounden Principal, including its principal collector, employees, directors, officers, agents, volunteers and independent contractors shall faithfully and truly comply with Chapter 443B, HRS, and rules promulgated pursuant thereto, and all of the conditions previously stated in this bond, then this obligation shall be void; otherwise, this obligation shall be and remain in full force and effect.

AND, in addition to any other remedy, the Director of Commerce and Consumer Affairs or any person claiming to have sustained any damage by reason of any breach of the conditions of this bond may bring action on the bond against the Surety for the recovery of any damages sustained therefrom. Any person 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 this bond.

AND, this bond shall be continuous in form and remain in full force and effect unless terminated or cancelled by the Surety. Termination or cancellation shall not be effective, unless written notice thereof is delivered by the Surety to the Principal and the Director of Commerce and Consumer Affairs at least sixty (60) days prior to the date of termination or cancellation of this bond. The Surety, however, in any event, may be held liable under this bond for the statutory limitation period of six (6) years as provided for in Section 657-1(1), Hawaii Revised Statutes.

AND, this bond may not be changed or amended without the prior written consent of the Director of Commerce and Consumer Affairs.

(CONTINUED ON PAGE 2)

NOTARIZED SIGNATURES ON BACK

COLLECTION AGENCY BOND FORM

Name of Applicant: _____

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

Subscribed and sworn to before me this _____ day of _____ A.D. _____.
Notary Public, State of: _____
My commission expires: _____
Print Name: _____

Principal: _____

By: _____

Its _____

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____
Notary Signature: _____
Date _____

Subscribed and sworn to before me this _____ day of _____ A.D. _____.
Notary Public, State of: _____
My commission expires: _____
Print Name: _____

Surety: _____

By: _____

Its _____

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____
Notary Signature: _____
Date _____

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Bond forms change; this is for educational purposes only.

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

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