



STATE OF HAWAII
 DEPARTMENT OF THE ATTORNEY GENERAL
 TAX DIVISION
 425 QUEEN STREET
 HONOLULU, HAWAII 96813
 (808) 586-1480 FAX (808) 586-8116

Rev.1-12

BOND - FORM AGTAX-3

BE IT KNOWN, That the applicant for registration,

 NAME OF APPLICANT

a/an _____
 INDIVIDUAL, ASSOCIATION, PARTNERSHIP OR CORPORATION

with business located at _____
STREET MUNICIPALITY

 COUNTY STATE ZIP CODE

as PRINCIPAL, and _____
 NAME OF SURETY COMPANY

with principal office located at _____
STREET

 MUNICIPALITY COUNTY STATE ZIP CODE

as SURETY, are held and firmly bound unto the State of Hawaii for the use of the Attorney General and any person having a cause of action against the principal as defined in the chapter 467B, Hawaii Revised Statutes, entitled "Solicitation of Funds from the Public", in the sum of Twenty-Five Thousand Dollars (\$25,000), lawful money of the United States of America, to be paid to the State of Hawaii, its certain attorney or assigns, to which payment well and truly to be made, we do hereby bind ourselves, jointly and severally, our heirs, executors, administrators, successors and assigns firmly by these presents.

BECOMES EFFECTIVE this _____ day of _____, _____
 EXPIRES one year from date.

WHEREAS, the above bounded Principal desires to operate as a Professional Solicitor or Professional Fundraising Counsel under the provisions of the chapter 467B, Hawaii Revised Statutes, and the rules and regulations adopted pursuant thereto;

NOW THEREFORE, the condition of this obligation is such that if upon and after the issuance of such registration the above bounded Principal shall fully and faithfully observe the provisions of all the laws of the State of Hawaii and the rules promulgated by the Attorney General, as a Professional Solicitor or Professional Fundraising Counsel, then this obligation shall be void; otherwise, it shall remain in full force, virtue and effect.

And the obligors, jointly and severally, for themselves, their heirs, executors, administrators, successors and assigns, do agree with the State of Hawaii that upon violation of any provisions of the chapter 467B, Hawaii Revised Statutes, as amended from time to time, and the rules and regulations promulgated by the Attorney General, said Bond up to the full amount shall be due and payable.

It is hereby stipulated that any suit on this bond may be brought before a court of competent jurisdiction without a jury.

SIGNATURE OF PRINCIPAL OFFICER FOR
PROFESSIONAL SOLICITOR OR FUNDRAISING COUNSEL

DATE _____

TYPE OR PRINT NAME AND TITLE OF PRINCIPAL OFFICER
FOR PROFESSIONAL SOLICITOR OR FUNDRAISING COUNSEL

SIGNATURE OF ATTORNEY-IN-FACT
FOR SURETY COMPANY

DATE _____

TYPE OR PRINT NAME OF ATTORNEY-IN-FACT
FOR SURETY COMPANY

(Certified Copy of Power-of-Attorney nominating, constituting and appointing said Attorney-in-Fact for said Surety Company must be attached hereto. Date of certification and date of execution of Bond must agree).

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.

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