

State of Hawaii  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**  
**Business Registration Division**  
335 Merchant Street, Room 203, Honolulu, Hawaii 96813  
(808) 586-2722

## BOND FOR INVESTMENT ADVISER IN SECURITIES

Bond No. \_\_\_\_\_

Know all men by these presents:

That we, \_\_\_\_\_,  
*(Name of applicant company)*

of \_\_\_\_\_,  
*(Applicant's complete principal business address)* as principal,

and \_\_\_\_\_,  
*(Name of surety company)*

of \_\_\_\_\_,  
*(Surety's complete principal business address)* as surety,

are held and firmly bound unto the State of Hawaii in the sum of FIFTY THOUSAND DOLLARS (\$50,000.00), in legal money of the United States of America, for the payment of which to said State of Hawaii well and truly to be made, we do hereby bind ourselves and our respective heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Witness our hands and seals at \_\_\_\_\_,  
*(City and state of principal's execution)*

by said \_\_\_\_\_,  
*(Name of applicant company)*

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and at \_\_\_\_\_,  
*(Principal's execution date)* *(City and state of surety's execution)*

by said \_\_\_\_\_,  
*(Name of surety company)*

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
*(Surety's execution date)*

Whereas the above bounden principal is an issuer of a security required to be registered and proposes to sell such security in the State of Hawaii, or, is registered as a dealer in securities in the State of Hawaii, or, has filed with the Commissioner of Securities of the State of Hawaii an application for registration as a dealer in securities, or is registered as an investment adviser in securities or has filed with the Commissioner of Securities of the State of Hawaii an application as an investment adviser in securities, in accordance with the provisions of the Uniform Securities Act (2002), Chapter 485A of the Hawaii Revised Statutes.

The condition of this obligation is such that if the bounden principal and/or all of the salespersons or investment adviser representatives registered by and acting for him, shall fully and faithfully comply with the provisions of the Uniform Securities Act (2002), Chapter 485A of the Hawaii Revised Statutes, then this obligation shall be void, otherwise to be and remain in full force and effect.

And, the surety, herein may cancel this bond and be relieved of any future accruing liability hereunder by giving sixty (60) days notice in writing of its desire to do so to the Commissioner of Securities, State of Hawaii.

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

(Seal) \_\_\_\_\_ Principal

By \_\_\_\_\_

Title \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

(Seal) \_\_\_\_\_ Surety

By \_\_\_\_\_

Title \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

NOTE: Principal and Surety must make acknowledgment of execution on reverse side. When bond is executed and acknowledged by Surety, it must also be countersigned by resident General Agent of Surety in Hawaii.

When executed by Attorney-in-Fact of Surety, please attach form of acknowledgment on reverse side hereof.

**ACKNOWLEDGMENT FOR PRINCIPAL, IF AN INDIVIDUAL OR PARTNERSHIP**

\_\_\_\_\_  
\_\_\_\_\_) ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ before me appeared

\_\_\_\_\_ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed.

(Seal) \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

**ACKNOWLEDGMENT FOR PRINCIPAL, IF A CORPORATION**

\_\_\_\_\_) ss.  
\_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me appeared \_\_\_\_\_ and \_\_\_\_\_ to me personally known, who being by me duly and severally sworn, did say that they are respectively the \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_, and that the seal affixed to said instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors and said \_\_\_\_\_ and \_\_\_\_\_ acknowledged said instrument to be the free act and deed of said corporation.

(Seal) \_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My commission expires: \_\_\_\_\_

**ACKNOWLEDGMENT FOR SURETY**

\_\_\_\_\_) ss.  
\_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me appeared \_\_\_\_\_ and \_\_\_\_\_ to me personally known, who being by me duly and severally sworn, did say that they are respectively the \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_, and that the seal affixed to said instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors and said \_\_\_\_\_ and \_\_\_\_\_ acknowledged said instrument to be the free act and deed of said corporation.

(Seal) \_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My commission expires: \_\_\_\_\_

# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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**