

BOND OF PUBLIC ADJUSTER

KNOW ALL BY THESE PRESENTS THAT _____,
 of _____, as Principal and
 _____ of _____, a
 corporation organized and existing under the laws of the State of _____, and authorized to
 transact surety business in the State of Idaho, as Surety, are held and firmly bound unto the State of Idaho, as Obligee in
 the amount of twenty thousand dollars (\$20,000), lawful money of the United States of America, for the payment of which
 sum, well and truly to be made, the Principal and Surety obligate and bind ourselves, our heirs, executors, administrators,
 successors and assigns, jointly and severally, firmly by these presents as specified in Idaho Code Section 41-5812, to post
 bond to secure performance of the Public Adjuster/Principal in conformity with the insurance laws of the State of Idaho for
 the benefit of parties injured by the actions of the Public Adjuster. Recovery of damages under this bond is authorized by
 the Department of Insurance as referenced in Idaho Code Section 41-5812.

NOW, THEREFORE, if the said Department of Insurance shall grant the application and issue a Public Adjuster license to
 the Principal and Principal shall faithfully and lawfully comply with all the requirements of the insurance laws of the State of
 Idaho, and any regulations promulgated thereunder, then this obligation shall be null and void; otherwise, it shall remain in
 full force and effect.

IT IS FURTHER AGREED THAT the bond shall be continuous in nature and that in no event shall the surety be obligated
 to an amount exceeding twenty thousand dollars (\$20,000) bond penalty which is the maximum aggregate liability of the
 surety regardless of whether successive renewal certificates have been issued, which are not necessary, or regardless of
 how long the bond has been in effect or the number of claimants that might have a right of action against the bond.

PROVIDED, HOWEVER, that this bond and the obligation under this bond shall become effective
 _____, and shall remain in full force and effect until or unless terminated by thirty
 (30) days' advance written notice of termination delivered to the Principal and filed with the Department of Insurance, State
 of Idaho, by the Surety at which time the liability of the Surety on this bond shall cease upon the effective date of such
 termination. Such termination shall not affect any liability or obligation of the Surety incurred or accrued prior to the
 effective date of the termination.

IN WITNESS WHEREOF, the said Principal and Surety have caused this bond to be executed at
 _____ and signed and sealed this instrument this _____ day
 of _____.

 PRINCIPAL

WITNESS

 (as to Principal) BY: _____

 SURETY

 (as to Surety) BY: _____

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

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

E-Mail WWIS@WWISINC.COM