

<p>IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 425/1 et. seg. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.</p>	<p>DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION</p> <p>BOND COLLECTION AGENCY</p>	<p>SUPPORTING DOCUMENT</p> <p>BD-COL</p>
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FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER	ILLINOIS COLLECTION AGENCY REGISTRATION NUMBER (If applicable) 017-	BOND NUMBER	TYPE OF TRANSACTION <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> RENEW LICENSE
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KNOW ALL PERSONS BY THESE PRESENTS, that _____ (Collection Agency)

_____ (Office Address)

of _____ County, Illinois, as principal, and _____
Name of Ins. Co. (must be authorized to transact fidelity and surety business in the State of Illinois)

_____ (Address)

as surety, are held and firmly bound unto the People of the State of Illinois, for the use of the State and of any creditor or creditors who obtain a judgment from a Court of competent jurisdiction based on the failure of the principal of this instrument to remit money collected on account and owed to the creditor, under the provisions of the Collection Agency Act (hereinafter referred to as Act), limited to the total aggregate amount of TWENTY-FIVE THOUSAND DOLLARS (\$25,000) for the payment of which will and truly be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these present.

The condition of the above obligation is such that whereas the above bonded collection agency has applied for a license renewal of license to transact the business of collecting debts as is provided by law under the Act. This bond is continuous and shall remain in full force and effect until the license is terminated or not renewed by the Department of Financial and Professional Regulation, or until the bond is canceled by the Surety as provided below.

Now, if the Principal shall, upon the issuance of the license, conform to and abide by the provisions of the Act, including those rules, regulations and directions lawfully made by the Department of Financial and Professional Regulation, Division of Professional Regulation regarding the remittance of funds and will pay to the State and to any person or persons any and all moneys that may become due and owing to the State and to such person or persons from said obligors, under the provisions of the Act, then this obligation shall become void and the bond will not be used to settle the obligation; otherwise the bond will remain in full force and effect.

Moreover, the Surety shall have the right to cancel this bond and be released from all further liability hereunder at any time after a written notice stating when the cancellation shall take effect and served on or sent by certified mail return receipt requested to the Director of the Division of Professional Regulation, 320 West Washington Street, Springfield, Illinois 62786 at least 60 days prior to the date the cancellation shall take effect.

IN WITNESS WHEREOF, the said Principal and the said Surety have hereunto set their hands and seals at

_____, _____, on this _____ day of _____, _____.

 Surety's Agent Corporation Seal

 Street Address

 City, State, ZIP Code Principal

 Telephone Number Attorney-in-Fact

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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