

BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS, THAT _____

(Name and Business Address of Applicant)

of the City of _____ County of _____

State of _____, as principal, and _____

(Name of Surety)

of the City of _____ County of _____

State of _____ as surety, are held and firmly bound unto the Director of Financial Institutions, for the use of the State of Illinois and of any person or persons who may have a cause of action against the obligor in this bond under and by virtue of the provisions of an Act of the General Assembly of Illinois entitled

“An Act in relation to the regulation, licensing and bonding of persons engaged in rendering debt management services to individuals by receiving funds from individuals and managing and distributing the same to the creditors thereof,” approved November 14, 1997, as amended.

in the penal sum of Twenty Five Thousand Dollars (\$25,000.00) for the period from this date _____ to December 31, _____, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

WHEREAS, aforesaid principal has applied for a license under the provisions of the aforesaid Act,

NOW, THEREFORE, the condition of the foregoing obligation is such that, if the said principal will faithfully conform to and abide by the provisions of the aforesaid Act, and all of the rules, regulations and directions lawfully made by the Director of Financial Institutions, and will pay to the State or to such person or persons from the said principal under and by virtue of the provisions of the aforesaid Act, then this obligation to be void; otherwise to remain in full force and effect.

If the surety herein shall so elect, this bond may be conditionally cancelled at any time by the surety herein filing with the Director of Financial Institutions, a sixty (60) days' written notice of such conditional cancellation, but said surety so filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue hereunder before the expiration of said sixty (60) day period.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this _____ day of _____ A.D., _____, to be effective on the _____ day of _____ A.D., _____.

(CORPORATE)
(SEAL)

Corporate or Company Name

By

President, Owner or Partner

Secretary, Owner or Partner

Surety

ATTEST:

Secretary

(DebtMgmt-Bond)

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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