



Cemetery Care & Burial Trust Division
100 W. Randolph St., Suite 15-500
Chicago, Illinois 60601
312/814-2451 FAX: 312/814-3117

ILLINOIS FUNERAL OR BURIAL FUNDS ACT BOND (225 ILCS 45/1 et seq.)

Please type or print legibly

Bond Number _____

_____ of the City of _____,
Name of Applicant

County of _____, State of Illinois, as principal, and _____ authorized
Name of Bonding/Insurance Company

to do business in the State of Illinois, are held and firmly bound unto the Comptroller of the State of Illinois for the benefit of the State of Illinois and of any person or persons who may have a cause of action against the principal in this bond under and by the virtue of the provisions of the Illinois Funeral or Burial Funds Act (225 ILCS 45/1 et seq.) in the penal sum of \$_____ for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

As a condition of the above obligation it is understood that the above principal has applied for a license to engage in the business authorized by the aforesaid Act as a Trustee under the terms and conditions herein provided.

If the principal shall, upon the issuance of the aforesaid license, perform all the duties as Trustee required under the Act during the period for which the said license is in effect, then this obligation shall be void; otherwise, it shall remain in effect.

It is further expressly provided that suit may be brought in any Court of competent jurisdiction upon this bond in the name of the Comptroller of the State of Illinois.

If the surety herein shall so elect, this bond may be conditionally cancelled at any time by the surety herein filing with the Comptroller of the State of Illinois a sixty (60) day 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 _____,
_____, to be effective on the _____ day of _____, _____.

Principal

Bonding/Insurance Company

By _____
Name Title

By _____
Name Title

Street & Number City State Zip Code

Street & Number City State Zip Code

FIDELITY BOND

State of Illinois
County of _____

I, _____, do solemnly swear that the foregoing answers and statements have been knowingly made by me and the same are true. Given under my hand this _____ day of _____, _____.

Signature Title

Subscribed and sworn to before me in _____ County, in the State of Illinois by the said _____ who personally appeared before me in the aforesaid County and State, this _____ day of _____, _____.

Notary Seal

Notary Public 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	
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