STATE OF ILLINOIS DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION DIVISION OF FINANCIAL INSTITUTIONS

LICENSEE BOND

PAYDAY LOAN REFORM ACT

KNOW ALL MEN BY THESE PRESENTS, That					
Corporate or Company Name					
Street Address	City/State	_			
and					
the State and of any person or persons v	to the Division of Financial Institutions, for the use o who may have a cause of action against the obligors of f the Act hereinafter described, in the penal	f			
sum of	for the period from this date	I			
to December 3:	1,, for the payment of which, well and truly to executors, administrators, successors and assigns, joint				
Witness our hands and seals this	, A.D				
The condition of the above obligati	on is such that the above				
Corpo	rate or Company Name	_			
making loans in accordance with the province, if the said	ending December 31,, to transact the business of visions of the Illinois Payday Loan Reform Act. rate or Company Name				
every provision of said Act and of all pirector of Financial Institutions, and	aforesaid, faithfully conform to and abide by each and rules, regulations and directions lawfully made by the will pay to the State and to any person or persons from the provisions of said Act, then this obligation to be and effect. (Seal)	ı			
	Corporate or Company Name				
	By (Seal)				
	By(Seal) President, Owner or Partner				
	By (Seal)				
(SEAL)	Secretary, Owner or Partner				
	(Seal)				
	Surety or Bonding Company				
	By(Seal) Illinois Attorney-in-Fact				
	(Attach Power of Attorney)				

Surety Bond Application

AGENCY NAME:	AGENCY CONTACT:						
		AGENCY EMAIL:					
AGENCY ADDRESS:	City:		State:				
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	S#:	Ho	me Phone: ()				
Residence Address:	City:	St	ate:	Zip:			
Business Name:							
Business Phone: ()	_Business Fax: ()	E-mail:				
Business Address:	City:	St	ate:	Zip:			
Date Business BEGAN under present Individ	ual or Firm Name:		BUSINESS TAX ID:				
HAS ANY COMPANY REFUSED TO ISSUE BONDS DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS							
FOR ANY PURPOSE? YES NO AGAINST YOU? YES NO AGAINST YOU?							
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 OWNER			and the second				
NAME:	SPOUSE	NAME:	•				
SS#:	SPOUSE S	SS#:	PHON	E:			
HOME ADDRESS:	City:		state:				
PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)							
ST		TS AND LIABILITIES	AS OF				
CASH IN BANK		NOTES DAVABLE TO	LIABILITIES				
CASH ON HAND		NOTES PAYABLE TO BANKS NOTES TO OTHERS (excl. of equipment)					
STOCKS AND BONDS		ACCOUNTS PAYABLE					
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE					
NOTES RECEIVABLE		ALL OTHER TAXES					
INVENTORY CASH VALUE LIFE INSURANCE		ACCRUALS, PAYRO	LLS, ETC.				
EQUIPMENT		DUE ON EQUIPMENT					
REAL ESTATE		DUE ON REAL ESTATE					
OTHER ASSETS		OTHER LIABILITIES					
		CAPITAL STOCK (if a					
		SURPLUS AND UNDIVIDED PROFITS					
TOTAL MADE TO							
TOTAL ASSETS		TOTAL LIABILITIES NET WORTH					
Name of Owners	Name and 1	itle 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