

Bond No. \_\_\_\_\_

## PAYMENT AGENT'S BOND

KNOW ALL MEN BY THESE PRESENTS, That we,

\_\_\_\_\_, as Principal, and \_\_\_\_\_, a \_\_\_\_\_ Corporation, as Surety, are held and firmly bound unto Firstech, Inc., 130 North Water St., Decatur, IL 62523, as Oblige, in the penal sum of \_\_\_\_\_ Dollars ( \_\_\_\_\_ ) lawful money of the United States, 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.

THE CONDITION OF THIS OBLIGATION IS SUCH:

THAT WHEREAS, the Principal has entered into a certain agreement to act as an authorized payment agent for the Oblige, as evidenced by the Payment Agent Agreement by and between the Principal and Oblige (the "Agreement") and;

NOW THEREFORE, if said Principal shall have paid all sums collected on behalf of Oblige over to Oblige, as provided for and in accordance with the terms and conditions of said Agreement, then this obligation shall be void, otherwise to remain in full force and effect;

PROVIDED, However, that:

- 1) This bond may be cancelled by the Surety by giving thirty (30) days prior written notice, by regular mail to the Oblige.
- 2) That no right of action shall accrue under this bond to or for the use of any person other than the Oblige.
- 3) In no event shall the obligation of the Surety hereunder exceed the penal sum stated in this bond, regardless of the number of years the bond remains in force and effect, the number of annual premium payments made, or the number of claims made hereunder.
- 4) Principal and Surety acknowledge and agree that upon receipt of a claim by Oblige pursuant to this bond, Surety shall have 60 days to review the claim with Principal. For any part of such Claim that Principal disputes, Principal shall, within 60 days of Surety's receipt of the claim, either 1) obtain the written agreement of Oblige that the disputed part is not in fact owed or 2) file suit for declaratory relief concerning the disputed part of such claim in the Circuit Court of Macon County, Illinois. If, after 60 days from the date Surety receives a claim, Principal has not taken either of these two actions, then Surety shall have an absolute obligation to pay the entire amount of Oblige's claim against this bond, and principal shall have an absolute obligation to reimburse Surety for any amount paid by Surety to Oblige.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Principal

Surety

By: \_\_\_\_\_

By: \_\_\_\_\_

# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
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](mailto:WWIS@WWISINC.COM)