



Bond for Surplus Line Producer's License

Bond Number: _____

KNOW ALL MEN BY THESE PRESENTS:

That I, _____
(Applicant)

City of _____, and State of _____, as principals, and

(Surety Company)

as surety are held and firmly bound unto the People of the State of Illinois, in the penal sum of Twenty Thousand Dollars (\$20,000.00) lawful money of the United States, to be paid to the Director of Insurance of the State of Illinois for the use and benefit of said state, to the payment of which sum well and truly to be made, the said _____

(Applicant)
principals and each of them bind themselves, their heirs, executors and assigns, jointly and severally, firmly by these presents.

Sealed, with our seals. Dated and signed this _____ day of _____, A.D., _____.

Whereas, the said _____
(Applicant)

has applied to the Director of Insurance of the State of Illinois for a license to act as a surplus line producer in the City of _____, and State of _____, as prescribed in the Act of the General Assembly of this State entitled the "Illinois Insurance Code", in force July 1, 1937, and as such surplus line producer is required by law to give a bond unto the People of the State of Illinois, in the penal sum of Twenty Thousand Dollars.

Now, therefore, the condition of this obligation is such, that if the above bounden _____
(Applicant)
their heirs, executors or administrators or either of them shall faithfully comply with all the requirements of Article XXVIII, Section 445 of the "Illinois Insurance Code", and shall pay semi-annually to the Director of Insurance of the State of Illinois, for the use and benefit of said State, on February 1 and August 1 of each year, a sum equal to three and one-half per cent (3.5%) upon the amount of the gross premiums received from policyholders upon all policies procured by them or either of them, or issued by them or either of them during the preceding six month period ending December 31 and June 30, respectively, pursuant to the Act aforesaid, then this bond to be null and void, otherwise to remain in full force and effect, and in default of such payment to the Director, he may bring suit to recover same in any court of record in Illinois.

And this obligation is entered into by the _____
(Surety Company)
with the understanding and upon the condition that the said _____
(Surety Company)
may at any time be released from liability for future breaches of the conditions of this bond after thirty days have elapsed from
the giving of written notice to the Director of Insurance of the State of Illinois, of its desire to be so released.

In Testimony Whereof, the said principals have hereunto set their hands
and seals, and the said surety has caused these presents to be executed by
it's _____
(Surety Company Representative)
and sealed with its corporate seal the day and year first above written.

(Applicant) (SEAL)

Bond forms change; this is for educational purposes only.

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