SURETY BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS, That We _____

Of _____ as Principal, and _____

_____ as Surety, are held and firmly bound unto the State of Indiana, Department of Natural Resources, in the penal sum of $_____ for the payment of which we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents. Signed and sealed this _____ day of _____, 20_____.

The condition of this obligation is such, that whereas a license has been entered into between the State of Indiana, Department of Natural Resources, and

_____, the license being in connection with license and concession for operation of _____, for the following term of _____, both dates inclusive.

NOW THEREFORE, if the Principal shall comply with and faithfully perform the terms of the license, which is made to form a part hereof as fully as if quoted herein at full length, then this bond shall be null and void, otherwise to be in full force and effect.

This bond is executed by the Surety and accepted by the Obligee subject to the following express conditions:

1.   That if the Surety shall so elect, the Surety may cancel its obligations on this bond by filing with the Obligee a sixty (60) day written notice of such cancellation but the Surety so filing said notice shall not be discharged of any liability already accrued or which shall accrue hereunder before the expiration of said sixty (60) day period.

2. Any action or suit to recover on this bond shall be commenced within five (5) years from date when the wrongful act, failure, or omission on the part of the Principal occurred on account of which the Obligee seeks to enforce a claim against the Surety.

_____
Principal

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

Worldwide Insurance Specialists, Inc **Toll Free: (888) 518-8011**
2424 W. Missouri AVE **Local (602) 749-0702**
Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail WWIS@WWISINC.COM