



**Foreclosure Consultant/
Credit Services Organization Surety Bond**

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Consumer Protection Division
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KNOW ALL PERSONS BY THESE PRESENTS:

That we, _____ aaa _____, of _____
(Name of Business) (City)

in the state of _____, and _____ aaa _____
(Name of Surety)

a corporation organized and existing under and by virtue of the laws of the
State of _____, and duly authorized to transact the business of indemnity and suretyship in the State of
Indiana, for the use and benefit of all persons damaged by the breach of any of the conditions of this obligation, in the sum
of _____ aaa _____ Dollars, lawful money of the United States for payment of which sum, will and truly to be
made, we bind ourselves, our heirs executors, administrators, successors and assigns, jointly and severally, firmly by these
presents.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above bounded Foreclosure Consultant/Credit Services Organization are required by the provisions of
IC 24-5-15 to furnish a surety bond in the sum above named, conditioned as herein set forth.

NOW, THEREFORE, if the Foreclosure Consultant/Credit Services Organization shall faithfully comply with the
provisions of IC 24-5-15 and shall pay to any person entitled thereto all damages as may be caused to such person by the
failure of the Foreclosure Consultant/Credit Services Organization to faithfully comply with the provisions of said Act;
and if Foreclosure Consultant/Credit Services Organization shall pay to any person entitled thereto all damages as may be
caused to any person together with all penalties provided by IC 24-5-15-9 then this obligation shall be void; otherwise it
shall remain in full force and effect.

This bond is subject to the following provisions:

1. Any person who sustains such damages as covered by this bond may bring an action upon this bond;
provided, however, that the aggregate liability of the said Surety to all such persons shall, in no event, exceed
the amount of the bond.
2. This bond shall be and remain in full force and effect indefinitely, subject however, to cancellation by the
Surety giving written notice both to the said Foreclosure Consultant/Credit Services Organization and the
Office of the Indiana Attorney General, Consumer Protection Division thirty (30) days prior to the effective
date thereof, of its intention to terminate its liability under this bond.
3. Every person who has a cause of action under IC 24-5-15 may bring action upon this bond to enforce any
liability on the bond providing, however, that no suit on this bond may be maintained to enforce any liability
on this bond unless brought within two (2) years after the act upon which it is based.

Does your company have any pending litigation filed by any state or federal entity concerning Foreclosure
Consultant/Credit Service Organization in any other jurisdiction? ____ Yes ____ No If yes, please attach.

Does your company go by any other names than the one listed above? ____ Yes ____ No

If yes, what other names? _____

I certify (or declare) under penalty or perjury, under the laws of the State of Indiana, that the foregoing is true and correct.

Surety
By:

its:

(Title)

Foreclosure Consultant/Credit Services Organization
By:

its:

(Title)

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.

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