



LOAN BROKER BOND

State Form 53305 (R4 / 4-12)

CONNIE LAWSON
SECRETARY OF STATE
SECURITIES DIVISION
302 W. Washington Street, Room E111
Indianapolis, Indiana 46204
Telephone: (317) 232-6681
www.sos.in.gov

Bond number

VALIDATION DATE

From:

Surety telephone number
()

KNOW ALL MEN BY THESE PRESENTS:

That we, _____, of _____
(Name of Loan Broker Business) (City)

in the state of _____, and _____ a corporation organized and existing
(Name of Surety)

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 _____ Dollars, lawful money of the United States for the 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 bounden Loan Broker has made application to the Securities Commissioner of the State of Indiana for license as a loan broker under the provision of IC 23-2-5 and is required by the provisions of said Law to furnish a surety bond in the sum above named, conditioned as herein set forth.

NOW, THEREFORE, if the said Loan Broker shall faithfully comply with the provisions of IC 23-2-5 and shall pay to any person entitled thereto all damages as may be caused to such person by the failure of the Loan Broker to faithfully comply with the provisions of said Act; and if said Loan Broker shall pay to any person entitled thereto all damages as may be caused to any person together with all penalties provided by IC 23-2-5-15 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 said Surety giving written notice both to the said Loan Broker and the Securities Commissioner of Indiana thirty (30) days prior to the effective date thereof, of its intention to terminate its liability under this bond or until the license of said Loan Broker as such loan broker is terminated either by expiration without renewal or by revocation for any cause.
3. Every person who has a cause of action under IC 23-2-5 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.

IN WITNESS WHEREOF, the parties hereto have set their hand and seals this _____ day
of _____.

Surety

By:

Its:

(Title)

Loan Broker

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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