

**10. NOTARIAL BOND**

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

KNOW ALL BY THESE PRESENTS, that we \_\_\_\_\_ as principal  
(applicant) and \_\_\_\_\_ of  
Name of Applicant  
Name of Surety  
and \_\_\_\_\_ County as  
Street address, city, state & ZIP code

freehold or corporate surety, are held and firmly bound unto the State of Indiana, in the penal sum of \_\_\_\_\_ (\_\_\_\_\_), the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and administrators, firmly by these presents.

WITNESS our signatures as acknowledged below. THE CONDITION OF THE ABOVE OBLIGATION IS AS FOLLOWS, TO-WIT.

WHEREAS, the above bound principal has applied for appointment by the Governor of the State of Indiana as a Notary Public, in and for the State of Indiana, for an eight-year term.

Now, if the said principal shall truly and faithfully perform and discharge the duties of said office of Notary Public, in all things according to law, then the above obligation to be null and void, otherwise to remain in full force and virtue in law. The term of this bond is from the effective date of the principal's commission to the expiration date of the same.

\_\_\_\_\_  
Signature of applicant. Must be acknowledged below in #11\_\_\_\_\_  
Signature of surety. Must be acknowledged below in #12**11. ACKNOWLEDGEMENT OF APPLICANT'S SIGNATURE BY A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED BY LAW TO TAKE ACKNOWLEDGEMENTS.**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_:SS:

County in which acknowledgement is being made

Before me the undersigned, an officer authorized to take the acknowledgement of deeds (*Notary Public, County Clerk, etc.*) personally appeared

and acknowledged the execution of the foregoing bond for the uses and

\_\_\_\_\_  
Printed or typed name of applicant  
purposes therein expressed, without condition or reservation.

Place Officer's seal here

IN TESTIMONY WHEREOF, I \_\_\_\_\_, have hereunto set my

\_\_\_\_\_  
Printed or typed name of officer  
hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_.\_\_\_\_\_  
Signature of authorized officer  
for the County of \_\_\_\_\_, State of \_\_\_\_\_ office\_\_\_\_\_  
Officer's county of residence

My commission expires: \_\_\_\_\_.

**12. ACKNOWLEDGEMENT OF SURETY'S SIGNATURE (Freehold or Corporate) BY A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED BY LAW TO TAKE ACKNOWLEDGEMENTS. (NOTE: The officer can not acknowledge his/her own signature)**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_:SS:

County in which acknowledgement is being made

Before me the undersigned, an officer authorized to take the acknowledgement of deeds (*Notary Public, County Clerk, etc.*) personally appeared

and acknowledged the execution of the foregoing bond for the uses and

\_\_\_\_\_  
Printed or typed name of individual's signing as surety  
purposes therein expressed, without condition or reservation.

Place Officer's seal here

IN TESTIMONY WHEREOF, I \_\_\_\_\_, have hereunto set my

\_\_\_\_\_  
Printed or typed name of officer  
hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_.\_\_\_\_\_  
Signature of authorized officer  
for the County of \_\_\_\_\_, State of \_\_\_\_\_ office\_\_\_\_\_  
Officer's county of residence

My commission expires: \_\_\_\_\_.

**13. SUPPORTING AFFIDAVIT TO BE USED IN SUPPORT OF A FREEHOLD SURETY.**

STATE OF INDIANA, COUNTY OF \_\_\_\_\_:SS:

County in which acknowledgement is being made

The undersigned surety, being duly sworn or affirmed, says that he/she is the owner in fee-simple of Real Estate in \_\_\_\_\_ County, of the fair Cash Value of \_\_\_\_\_ over and above all encumbrances and exemptions.

\_\_\_\_\_  
Signature of surety

Place Officer's seal here

IN TESTIMONY WHEREOF, I \_\_\_\_\_, have hereunto set my

\_\_\_\_\_  
Printed or typed name of officer  
hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_.\_\_\_\_\_  
Signature of authorized officer  
for the County of \_\_\_\_\_, State of \_\_\_\_\_ office\_\_\_\_\_  
Officer's county of residence

My commission expires: \_\_\_\_\_.

For the statute pertaining to surety company bonds, see Indiana Code 27-1-22. For the statutes pertaining to Officer's Bonds and Oaths, see Indiana Code 5-4.

# 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)