

**State of Indiana  
Professional Licensing Agency  
Board of Pharmacy  
Indiana Licensed Wholesale Drug Distributor Surety Bond Form**

**Bond Number** \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That

\_\_\_\_\_, as **Principal**, City of \_\_\_\_\_,  
County of \_\_\_\_\_, State of \_\_\_\_\_ and \_\_\_\_\_,  
a corporation organized and existing under the laws of the State of \_\_\_\_\_, and duly licensed to  
transact surety business in the State of Indiana, as surety are indebted to the **State of Indiana,  
Professional Licensing Agency, Board of Pharmacy**, in the sum of \_\_\_\_\_  
**Dollars** (\_\_\_\_\_) for which payment, well and truly be made, we bind ourselves, our heirs,  
executors and successors, jointly and severally firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT: WHEREAS, the above  
bounden **Principal** is licensed as a wholesale drug distributor, as defined in IC 25-26-14 and is  
required by the provisions of said Law to furnish a surety bond in the above named, conditioned  
herein set forth.

This bond is subject to the following provisions:

1. The Board may bring actions upon this bond to secure payment of any administrative penalties that may be imposed by the board and any fees and costs that may be incurred by the board and that:
  - (a) are related to a license held by the wholesale drug distributor;
  - (b) are authorized under Indiana law; and
  - (c) the wholesale drug distributor fails to pay less than thirty (30) days after the penalties, fees, or costs become final.
2. The Board may make a claim against a bond or security posted under IC 25-26-14 within one (1) year after the wholesale drug distributor's license is no longer valid or sixty (60) days after the conclusion of:
  - (a) an administrative or legal proceeding before or on behalf of the board that involves the wholesale drug distributor and results in penalties, fees, or costs described in IC 25-26-14; or
  - (b) an appeal of a proceeding described above;whichever occurs later.
3. This bond shall be and remain in full force and effect and run concurrent with the license period and any renewal thereof

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

Surety	Principal
--------	-----------

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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>		<b>Name and Title of Officers</b>	
		<b>% OWNERSHIP IN COMPANY</b>	

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)**