| Ó[}åÁÞ[ĚÁ´´´´´````` | • | , |
|---------------------|---|---|
|---------------------|---|---|

LICENSE SURETY BOND

KNOW ALL MEN BY THESE PRESENTS:

| That we, | | |
|--|---------------|------------|
| of, | State | of |
| as Principal, and | | , а |
| corporation duly licensed to do business in the State of Iowa, as Surety, are held and fir | mly bound i | unto any |
| person injured by a breach of the conditions of this bond. Bond penalty, in | the penal | sum of |
| DOLLARS, lawful money of the United States, to be paid to | the said Ob | ligee, for |
| which payment will and truly to be made, we bind ourselves and our legal representatives, | jointly and s | severally |
| by these presents. | | |
| THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas, the said | l Principal h | as been |

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that whereas, the said Principal has been licensed as a

-) Private Investigative Agency
-) Private Security Agency
-) Bail Enforcement Agency

By the State of Iowa,

NOW THEREFORE, if the said Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all amendments thereto, appertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect until terminated by its provisions.

This bond may be cancelled by the surety as to future liability only by giving written notice by certified mail to the Commissioner of Public Safety, Department of Public Safety Building, Des Moines, IA 50319, and the Principal at the address given herein. Thirty days after the mailing of said notices, this bond shall be null and void as to any liability arising thereafter. However, the surety remains liable subject to all the terms and conditions of this bond for any and all acts covered by this bond up to the date of cancellation.

| Executed and dated this day of | , `` |
|--------------------------------|------------------------|
| | вү |
| Witness to Principal | Principal |
| | Surety Company |
| PD6 | |
| | BYAuthorized Signature |

Surety Bond Application

| AGENCY PHONE: AGENCY ADDRESS: CURRENT OR EXPIRING QUOT IAME OF PREVIOUS SURETY (SECTION I: BOND APPLIE Type of Bond: | | | | | | |
|--|------------------------------|--|---|--------------------|-----------------|------------------------|
| URRENT OR EXPIRING QUOT IAME OF PREVIOUS SURETY (<u>SECTION I:</u> BOND APPLIE | | City: | | State | | |
| URRENT OR EXPIRING QUOT IAME OF PREVIOUS SURETY (<u>SECTION I:</u> BOND APPLIE | | | City: | | | Zip: |
| SECTION I: BOND APPLIE | | OKING TO BEA | T? | | | |
| SECTION I: BOND APPLIE | COMPANY WR | ITING THE BON | ND? | | | |
| ype of Bond: | | | | | | |
| | | Effective Date: | | | : | |
| ype of Company CORP LL | | PARTNERSHI | Р 🗌 | Bond Amount: | | |
| Obligee): | | | | | | |
| Obligee Address | | | | | | |
| SECTION II: GENERAL INF | ORMATION | | | | | |
| Applicant's Name: | | | Spouse Name | | | |
| S#: | Spouse SS#: | | | Home Phone: () | | |
| Residence Address: | | City: | | State: | | Zip: |
| Business Name: | | | | | | |
| Business Phone: () | | | | | il: | |
| Business Address: | | City: | | State: | | Zip: |
| Date Business BEGAN under pre | sent Individual | or Firm Name: | | BUS | NESS TAX ID: | |
| SECTION III: ADDITIONA | ES TO ANY, PI AL OWNERS O | EASE EXPLAIN | NON A SEPERAN S | RATE SHEET O | | PTCY? YES 📋 NO |
| IAME: | | SPOUSE | | | | |
| SS#: | | SPOUSE | | | | E: |
| IOME ADDRESS: | | City: | | State: | | Zip: |
| PERSONAL FINANCIAL | | IAN ONE OWNE | | | | <u>ATION)</u> |
| ASSE | | | | | IABILITIES | • |
| CASH IN BANK CASH ON HAND | | | | | | |
| STOCKS AND BONDS | | | NOTES TO OTHERS (excl. of equipment) | | | |
| ACCOUNTS RECEIVABLE | | | FEDERAL & STATE INCOME TAX DUE | | | |
| NOTES RECEIVABLE | | | ALL OTHER TAXES | | | |
| INVENTORY CASH VALUE LIFE INSURANO |)F | | ACCRUALS, PAYROLLS, ETC. | | | |
| EQUIPMENT | | | DUE ON E | QUIPMENT | | |
| REAL ESTATE | | | DUE ON REAL ESTATE | | | |
| OTHER ASSETS | | | OTHER LIABILITIES | | | |
| | | | CAPITAL STOCK (if a corporation) SURPLUS AND UNDIVIDED PROFITS | | | |
| | | | SURPLUS | | D PROFIIS | |
| TOTAL ASSETS | | | TOTAL LIA | BILITIES | | |
| | | | NET WORTH | | | |
| Name of Owners | | Name and | Title of Office | ers | % OWNERSH | IIP IN COMPANY |
| | | | | | | |
| COMPLETION OF THIS FORM CONSTI | TUTES PERMISSI | ON FOR WORLDWI | DE INSURANCE S | SPECIALISTS INC. 7 | TO OBTAIN CONSU | UMER INFORMATION WHICH |
| WILL BE USED TO DET | | G ELIGIBILITY. THI ANCING WILL BE A | IS INFORMATIO | N WILL BE HELD IN | NTHE STRICTEST | CONFIDENCE |

Worldwide Insurance Specialists, Inc Toll I 2424 W. Missouri AVE Loc Phoenix, AZ 85015 Fa E-Mail WWIS@WWISINC.COM

Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235