

BOND FOR BUSINESS OPPORTUNITY

COMMONWEALTH OF KENTUCKY)
COUNTY OF _____)

BOND# _____

KNOW ALL PERSONS BY THIS DOCUMENT, That the applicant for registration,

_____)
(NAME OF BUSINESS OPPORTUNITY)

Of _____)
(COMPLETE ADDRESS)

as PRINCIPAL, and _____)
(NAME OF SURETY)

Of _____)
(COMPLETE ADDRESS)

as SURETY, organized under the laws of the State of _____ and authorized to do business in the Commonwealth of Kentucky, are held and firmly bound unto the COMMONWEALTH OF KENTUCKY for the use of the Attorney General and any person having a cause of action against the principal as defined in the Business Opportunity Act (KRS 367.801 et seq, of July 15, 1994), in the sum of Seventy-five Thousand Dollars (\$75,000), lawful money of the United States of Americas to be paid to the said Commonwealth, its certain attorney or assigns, to which *payment well and truly to be made, we do* hereby bind ourselves, jointly and severally, our heirs, executors, administrators,, successors and assigns firmly by these presents.

BECOMES EFFECTIVE this _____ day of _____, 20 _____.
EXPIRES one year from date.

WHEREAS, The above named Principal has applied to the Attorney General of Kentucky to register as a Business Opportunity for the Period of one year ending _____, in accordance with the provisions of KRS 367.805 and is required to furnish a *surety bond with* such registration.

And, if the Principal shall fully and faithfully observe all provisions of KRS 367.801 to 367.819, then this obligation shall be void; otherwise to remain in full force and effect.

The surety may cancel this bond at any time by filing with the *Attorney General thirty (30) days notice in writing* by certified mail of its intent to cancel or terminate this bond. The surety shall not be discharged from any liability already *accrued* under this bond, or which shall accrue hereunder before the expiration of the thirty day period.

This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

Signed and sealed this _____ day of _____

PRINCIPAL

SURETY

SIGNATURE OF OFFICER/TITLE

SIGNATURE OF OFFICER/TITLE

ADDRESS

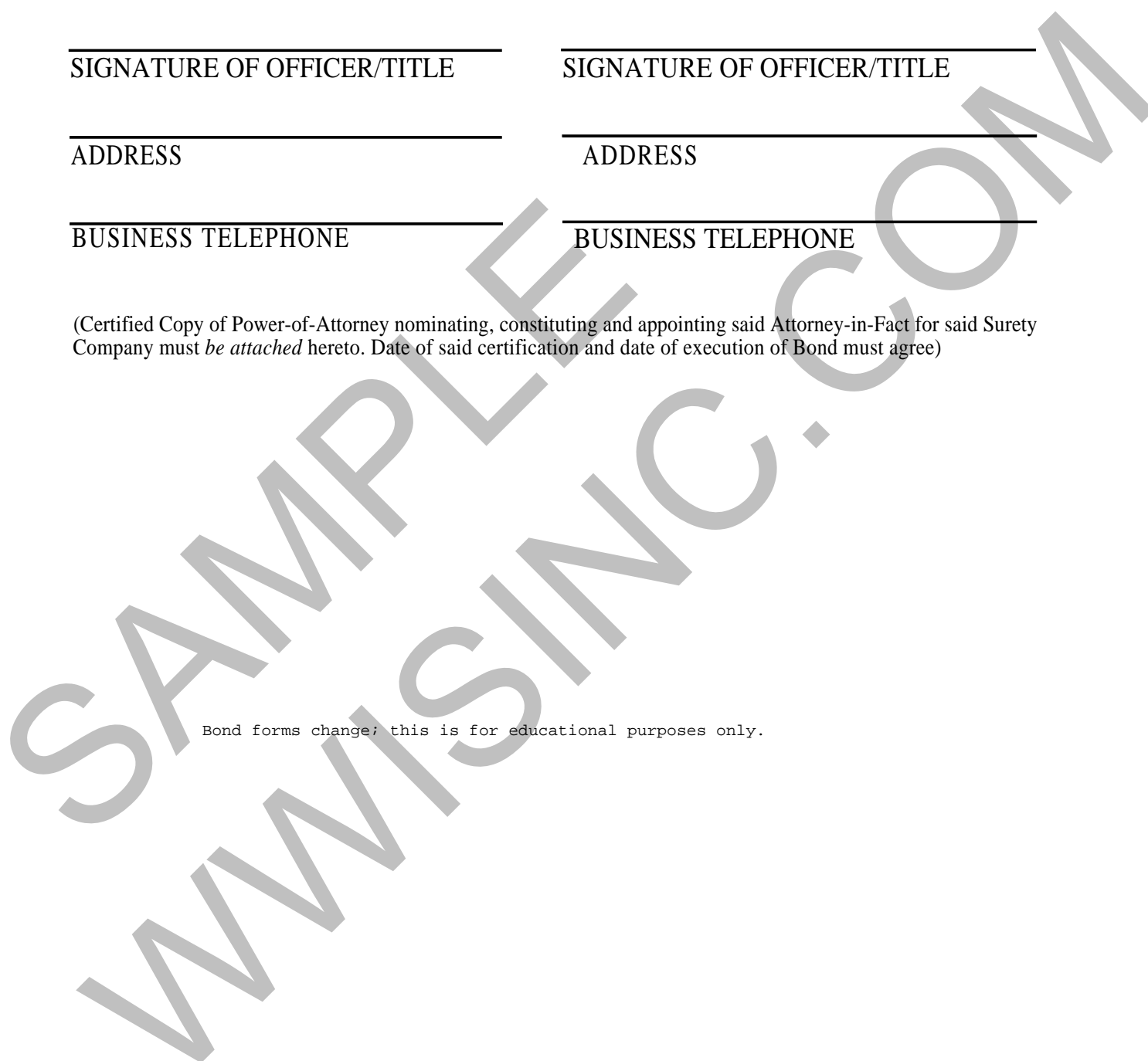
ADDRESS

BUSINESS TELEPHONE

BUSINESS TELEPHONE

(Certified Copy of Power-of-Attorney nominating, constituting and appointing said Attorney-in-Fact for said Surety Company must *be attached* hereto. Date of said certification and date of execution of Bond must agree)

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	
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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