

**Minimum Statutory Requirements**

- Agent \$20,000
- Adjuster \$1,000
- Consultant \$20,000
- Surplus Lines Broker \$1,000,000/\$2,000,000
- Viatical Provider \$500,000/\$1,500,000
- Viatical Broker \$500,000/\$1,500,000

**Form 99-3**

(Rev. 6/2005)

**COMMONWEALTH OF KENTUCKY  
OFFICE OF INSURANCE  
AGENT LICENSING DIVISION**

P. O. Box 517  
Frankfort, KY 40602  
502-564-6004

<http://doi.ppr.ky.gov/kentucky/>

- New
- Renewal
- Endorsement
- Replacement

of Bond # \_\_\_\_\_

**FINANCIAL RESPONSIBILITY SURETY BOND**

Bond No. \_\_\_\_\_  
Effective Date \_\_\_\_\_

Through its undersigned, duly authorized representative \_\_\_\_\_,  
(Surety)

located at \_\_\_\_\_  
(FEIN) (Address, City, State, Zip)

(hereinafter called the Surety), agrees pursuant to the provisions of KRS 304.9-105, 304.9-330, 304.9-705(3), 304.10-140, 304.15-700, or 806 KAR 9:030, Section 1, to indemnify any person damaged by any erroneous act or failure to act by

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Licensee) (SSN/FEIN) (City, State, Zip)

(hereinafter called the Principal) under his or her license in the total aggregate sum of \_\_\_\_\_.

This bond shall remain in force until the license of the Principal is revoked or otherwise terminated or until this bond is terminated by the Surety. Termination of this bond by the Surety shall be without prejudice to any liability incurred under this bond and shall be effective only upon thirty (30) days prior written notice to both the Principal and the Executive Director. Notice of termination shall be given by sending completed Form 99-5 (available on the Office Web site) to the Office of Insurance and by mailing a copy to the Principal at the Principal's last address known to the Surety. Notice to the Executive Director shall be deemed to have been given on the date the Office of Insurance receives completed Form 99-5.

IN WITNESS WHEREOF,  
this agreement has been executed by and on behalf of the Surety this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Typed Name of Authorized Representative of Surety: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Representative of Surety: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ My Commission Expires \_\_\_\_\_.  
(Notary Public)

# 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.

<b>Worldwide Insurance Specialists, Inc</b> 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail <a href="mailto:WWIS@WWISINC.COM">WWIS@WWISINC.COM</a>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
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