

**COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF HOME INSPECTORS**

SURETY BOND FOR PRE-LICENSING COURSE PROVIDERS

KNOW ALL MEN BY THESE PRESENTS:

That _____ (Applicant's Name), of _____ (Applicant's Address),
City of _____, County of _____, State of _____, as
Principal, and _____ (Surety's Name, as Surety,
an entity organized under the laws of the state of _____ and licensed to
transact business in the Commonwealth of Kentucky, are held and firmly bound unto the
Kentucky Board of Home Inspectors, Commonwealth of Kentucky, as Obligee, for the
use and benefit of which Principal and Surety jointly and severally bind themselves, their
successors, assigns, heirs, and legal representatives.

This obligation is being entered into because the Principal has made or is about to make
application to the Kentucky Board of Home Inspectors, Commonwealth of Kentucky, for
registration to provide a pre-licensing course for individuals desiring to be licensed as
home inspectors in Kentucky pursuant to the provisions of KRS Chapter 198B, as may be
amended, and any regulations promulgated thereunder.

**SECTIONS ONE
CONDITION OF OBLIGATION**

- A. If Principal fully complies with the provisions of KRS Chapter 198 B and with all
regulations and orders promulgated thereunder or if Principal fully satisfies and
discharges any judgment or decree rendered against Principal by a court of competent
Principal violated a provision of KRS Chapter 198B or applicable regulations, then
this obligation shall be null and void; otherwise, the obligation shall remain in full
force and effect.
- B. In order for liability to attach to Surety, a suit or action to enforce any liability on this
bond must be brought within three (3) years from the date of the act upon which the
suit or action is based.

**SECTION TWO
DURATION**

This obligation shall run continuously and shall remain in full force and effect until and
unless the bon is terminated as provided herein or as otherwise provided by law.

Bond forms change; this is for educational purposes only.

SECTION THREE
TERMINATION

Surety may terminate its obligation hereunder by giving thirty (30) days written notice to Obligee and to Principal, but such notice shall not affect this agreement with respect to any obligation which may have arisen prior to the receipt of such notice by Obligee.

SECTION FOUR
EXTENT OF LIABILITY

The maximum amount of liability of surety by virtue of this obligation shall be no more than the penal sum specified in this obligation of fifty thousand dollars (\$50,000).

SECTION FIVE
RECOVERY OF ATTORNEYS' FEES

If any proceedings are brought to enforce the obligations agreed to herein, such reasonable attorney's fees as the court may award shall be allowed to Obligee.

IN WITNESS WHEREOF, Principal and Surety have executed this bond at _____ (place of execution) on this ____ day of _____, 20____.

Name of Principal

By: _____
Name and Title

Name of Surety

By: _____
Name and Title

Address of Surety

(If executed by Attorney-In-Fact, a valid Power of Attorney from Surety is attached)

STATE OF _____

COUNTY OF _____

Subscribed, acknowledged, and sworn to before me by
_____ and _____ this
_____ day of _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____

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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