

**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
DIVISION OF SECURITIES**

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**SURETY BOND FOR INVESTMENT ADVISERS "**

The parties agree that \_\_\_\_\_ as Principal, of \_\_\_\_\_ (address), City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, and \_\_\_\_\_, as Surety, a corporation incorporated under the laws of \_\_\_\_\_, and licensed to transact business in Kentucky, are bound unto the Commissioner of the Department of Financial Institutions, as Oblige, for the benefit of any person in the sum of a \_\_\_\_\_, the payment of which Principal and Surety jointly and severally bind themselves, their successors, assigns, heirs, and legal representative.

**SECTION ONE  
CONDITION OF OBLIGATION**

1. Any person may enforce liability on this bond based upon a judgment rendered against Principal by a court of competent jurisdiction in which the court determines that Principal violated a provision of KRS Chapter 292, the Kentucky Securities Act (the "Act"). If Principal fully satisfies any judgment rendered against Principal by a court of competent jurisdiction in which the court determines that Principal violated a provision of the Act, then this obligation is void.

2. In order for liability to attach to Surety, an action to enforce liability on this bond must be brought within one year from the date of the issuance of the underlying judgment or order against Principal.

SECTION TWO  
DURATION

This obligation shall remain in effect for one year following the date of its execution unless the bond is terminated as provided in Section Three or as otherwise provided by law.

SECTION THREE  
TERMINATION

Surety may terminate its obligation under this bond by giving thirty days written notice to Obligee and to Principal, but such notice shall not effect this agreement with respect to any obligation that may have arisen prior to the receipt of such notice by Obligee.

SECTION FOUR  
EXTENT OF LIABILITY

The maximum amount of the liability of Surety by virtue of this obligation shall be \_\_\_\_\_aaaaa\_\_\_\_\_.

SECTION FIVE  
RECOVERY OF ATTORNEYS' FEES

If any proceedings are brought to enforce the obligations agreed to in this bond, Obligee shall be allowed reasonable attorneys' fees as a court may award.

Principal and Surety have executed this bond at \_\_\_\_\_(place of execution) on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Executed By:

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Print Name and Title

Subscribed, acknowledged, and sworn to before me by the parties on this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_  
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	
<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.

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