

SB- 1 SURETY BOND STATEMENT



**BOND FOR PROFESSIONAL  
SOLICITOR**

COMMONWEALTH OF KENTUCKY)  
COUNTY OF \_\_\_\_\_)

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

\_\_\_\_\_ )  
*Name of Professional Solicitor*

of \_\_\_\_\_ )  
*Complete Business Address of Professional Solicitor*

as PRINCIPAL, and \_\_\_\_\_ )  
*Name of Surety*

of \_\_\_\_\_ )  
*Complete Business Address of Surety*

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 persons having cause of action against the principal as defined in the Charitable Solicitations Act (KRS 367.650 et seq. of July 15,1994), in the sum of Twenty-Five Thousand Dollars (\$25,000.00), lawful money of the United States of America, to be paid to the said Commonwealth, its certain, attorneys 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 \_\_\_\_\_

WHEREAS, the above named Principal has applied to the Attorney General of the Commonwealth of Kentucky to register as a Professional Solicitor for the period ending December, 31 20 \_\_\_\_\_ in accordance with the provisions of KRS 367. 652 and is required to furnish a surety bond with such registration.

AND, if the Principal shall fully and faithfully observe all provisions of KRS 367.650 to 367.652, then this obligation shall be void otherwise to remain in full force and effect.

FORM 4 SURETY BOND STATEMENT

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 (30) 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 \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
*Printed Name of Principal*

\_\_\_\_\_  
*Printed Name of Surety*

\_\_\_\_\_  
*Printed Name of Principal Officer and Title*

\_\_\_\_\_  
*Printed Name of Surety Officer and Title*

\_\_\_\_\_  
*Signature of Officer*

\_\_\_\_\_  
*Signature of Surety, Officer*

\_\_\_\_\_  
*Address of Principal*

\_\_\_\_\_  
*Address of Surety*

\_\_\_\_\_  
*Business Telephone of Surety*

\_\_\_\_\_  
*Business Telephone of Surety.*

ATTACHMENTS:

-A Certified copy of Power- of-Attorney, nominating, constituting, and appointing said Attorney-in-Fact for said Surety Company must be attached hereto, Date of certification and date of execution of Bond shall 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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.

**Worldwide Insurance Specialists, Inc**  
 2424 W. Missouri AVE  
 Phoenix, AZ 85015

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

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