

**CREDIT REPAIR SERVICES
SURETY BOND**

No. _____

KNOW ALL MEN BY THESE PRESENTS: That we,

(Principal-Licensee's Name including trade names, d/b/a or assumed name)

_____ as Principal,
(Principal's physical location)

and _____
(Surety's Name)

(Surety's Address)

(Surety's Phone Number)

a corporation duly organized under the laws of the State of _____, which is authorized to engage in the State of Louisiana, in the full sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000). Principal and Surety bind themselves, their representatives, successors and assigns, jointly and severally by these presents. Whereas, the above bounden Principal has applied to the Office of the Louisiana Attorney General for a license to conduct the business of credit repair service organization as required in the Credit Repair Service Organization Act, LSA-R.S. 9:3573.4, the purpose of which is to secure the compliance by Principal with the terms of said Act and any other legal obligations arising out of the Principal's conduct as a credit repair service organization. If Principal shall violate the aforesaid statute, or other legal obligation arising out of its conduct as a credit repair service organization, the Office of the Louisiana Attorney General, as well as any person damaged as a result of such violation, shall have, in addition to all other legal remedies, a right of action on this bond in the name of the injured party for loss sustained by the injured party.

If the surety herein shall so elect, this bond may be canceled at any time by the surety herein by filing with the Office of the Louisiana Attorney General a sixty (60) day written notice of such cancellation, but said surety so filing said notice shall not be discharged from any liability accrued under this bond or which shall accrue hereinbefore the expiration of said sixty (60) day period.

No cause of action shall lie against the surety unless commenced within four (4) years from the date the cause of action accrues against the principal.

Regardless of the number of years this bond shall continue in force and the number of premiums which shall be payable or paid, the surety's total limit of liability shall not be cumulative from year to year or period to period.

Signed at _____ the _____ day of _____, aaaa _____,
in the presence of the subscribing competent witness.

PRINCIPAL (Name of Applicant)

SURETY (BONDING COMPANY)

By: _____

By: _____

(SIGNATURE of Authorized Person) _____; 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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