

# SALE OF CHECKS/MONEY TRANSMISSION SURETY BOND

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: That we,

\_\_\_\_\_  
(Principal-Licensee's Name including trade name or d/b/a)  
\_\_\_\_\_ as Principal,  
(Principal's physical location)

and \_\_\_\_\_  
(Surety's Name)

\_\_\_\_\_  
(Surety's Address) (602) \_\_\_\_\_  
(Surety's Phone Number)

as surety, are firmly bound to the Office of Financial Institutions for the use of the state and of any person who may have a cause of action against the principal under "The Sale of Checks and Money Transmission Act," R.S. 6:1031, et seq., in the full sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) lawful currency of the United States of America, for the payment of which we bind ourselves, our successors and assignees, jointly and severally, renouncing all benefits of division or discussion.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that, whereas the above named principle has applied to the Commissioner of Financial Institutions of Louisiana for a license to conduct the sale of checks or money transmission as provided in "The Sale of Checks and Money Transmission Act," R.S. 6:1031, et seq., and shall pay to the State of Louisiana and to any person or persons any and all monies that may be due and owing to the Louisiana Office of Financial Institutions or to such person or persons from the Principal-Licensee.

This obligation may be cancelled by said Surety by giving thirty (30) days notice in writing of its intention so to do to the Office of Financial Institutions and the Surety shall be relieved of any further liability under this bond thirty (30) days after receipt of said notice by the Office of Financial Institutions. No cause of action shall lie against the Surety unless commenced within two years from the date the cause of action accrues against the principal.

Signed at \_\_\_\_\_, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the presence of the subscribing competent witnesses.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

By: \_\_\_\_\_  
(If a Corporation, Partnership or LLC)

By: \_\_\_\_\_

\_\_\_\_\_  
Print or type name of signer

\_\_\_\_\_  
Print or type name of signer

WITNESSES: \_\_\_\_\_

\_\_\_\_\_  
Phone Number of Surety Company

**Attachment [F]**

**IRREVOCABLE POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENT, that the undersigned licensee, does hereby assign or transfer to the Commissioner of Financial Institutions, State of Louisiana, and his successors in office, the securities described below, currently outstanding and registered in the name of the undersigned individual or company on the books of the following depository institution located in Louisiana:

\_\_\_\_\_  
(Name of Depository Institution & Branch Address)

**The security/account thus transferred is described as follows (include security/account number):**

\_\_\_\_\_  
**(Account Owner)**

The undersigned hereby irrevocably appoints and authorizes the Commissioner, and his successors in office, to transfer the above described security on the books of the institution named above, with power also to appoint and authorize one or more persons as a substitute or substitutes, hereby ratifying and confirming all that shall be lawfully done under authorization herein granted, it being expressly understood that the above appointment, assignment and transfer is for the sole purpose of effecting compliance with the requirements of LSA-R.S. 6:1037(e) as relates to deposit of securities by persons, partnerships, corporations and other legal entities licensed to sell check, money orders and instruments for the transmission of money in the State of Louisiana under R.S. 6:1031 et seq.). This instrument must not be released without first having received written consent from the Commissioner of Financial Institutions.

**WITNESSES:**

\_\_\_\_\_  
(Signature if individual applicant or print name of Corporation)

By \_\_\_\_\_  
(Individual Signing for Corporation or Partnership)

Signed, at \_\_\_\_\_, Louisiana,  
on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**WITNESSES:**

\_\_\_\_\_  
By: \_\_\_\_\_  
(Signature and Title of Depository Representative)

(\_\_\_\_\_) \_\_\_\_\_  
(Depository Phone Number)

**ACKNOWLEDGMENT**

(for corporations, limited liability companies, trusts and partnerships)

STATE OF \_\_\_\_\_

PARISH OR COUNTY OF \_\_\_\_\_

Personally appeared before me, \_\_\_\_\_, personally known, who after being duly sworn, stated that s/he is \_\_\_\_\_ of \_\_\_\_\_ and that for and on behalf of the applicant he executed and delivered the foregoing instrument(s) and that s/he was at the time of the execution thereof authorized so to do, as evidenced by the attached resolution (if a corporation or LLC) or trust document if a trust).

**SWORN TO AND SUBSCRIBED BEFORE ME, NOTARY, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
(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>	
<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

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