PHYSICAL FITNESS SERVICES CENTER BOND

State of Louisiana	Bond No			
Parish of	-			
City of	-			
Be it known that I/We				
	Name			
as principal, and	Address			
	Name			
FIVE THOUSAND DOLLARS (\$25 ourselves, our heirs, successors, admi	Address Into the State of Louisiana in the full sum of TWENTY (000.00) for the payment of which we do hereby bind inistrators and assigns according to all the terms and 1582 (attached hereto and incorporated herein) or			
on	mmence selling contracts to provide physical fitness services (SALE COMMENCEMENT at will commence providing services and facilities on			
	NCF COMMENCEMENT DATE)			

The term of this bond shall begin on the SALE COMMENCEMENT DATE or PERFORMANCE COMMENCEMENT DATE, whichever is earlier. The term shall end two years after the PERFORMANCE COMMENCEMENT DATE, or two years after actual commencement of performance, whichever is later.

The conditions of the bond are as follows:

(1)	The bond shall be in favor of the state for the damaged by the principal's violation of law contractual obligations to its customers.	•
(2)	The state or any person claiming against the damages or additional relief against the cent liability of the surety for all breaches of the in no event exceed the amount of the bond.	ter and the surety. The aggregate
Signed	l at , the	_ day of
	, in the presence of the subscribing compete	
	Witness	Principal
		. 1
	Witness	Surety
P		
)		Countersigned by:
^		Louisiana Resident Agent
		Address

Surety Bond Application

AGENCY NAME:	AGENCY CONTACT:							
AGENCY PHONE:AGE			CY EMAIL:					
AGENCY ADDRESS:	City:							
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:	Effecti	ve Date:	Expiration Date	:				
Type of Company CORP LLC DBA PARTNERSHIP Bond Amount:								
(Obligee):								
Obligee Address								
SECTION II: GENERAL INFORMATION								
Applicant's Name:								
SS#:Spouse SS	S#:	Ho	me Phone: ()					
Residence Address:	City:	St	ate:	Zip:				
Business Name:								
Business Phone: ()	_Business Fax: ()	E-mail:					
Business Address:	City:	St	ate:	Zip:				
Date Business BEGAN under present Individu	ual or Firm Name:		BUSINESS TAX ID:					
HAS ANY COMPANY REFUSED TO ISSUE BONDS DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS								
FOR ANY PURPOSE? HAS APPLICANT EVER FAILED IN BUSINES			VED EILED BANKDLI	YES NO				
		ON A SEPERATE SHE		PICT! TES NO				
SECTION III: ADDITIONAL OWNERS			and the second					
NAME:	SPOUSE N	IAME:	•					
SS#:	SPOUSE S	SS#:	PHON	E:				
HOME ADDRESS:	City:		state:					
PERSONAL FINANCIALS <u>(IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)</u> STATEMENT OF ASSETS AND LIABILITIES AS OF								
ASSETS CASH IN DANK		NOTES DAVABLE TO	LIABILITIES	<u> </u>				
CASH IN BANK CASH ON HAND		NOTES PAYABLE TO BANKS NOTES TO OTHERS (excl. of equipment)						
STOCKS AND BONDS		ACCOUNTS PAYABI						
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE						
NOTES RECEIVABLE		ALL OTHER TAXES						
INVENTORY		ACCRUALS, PAYROLLS, ETC.						
CASH VALUE LIFE INSURANCE		DUE ON FOLUDATAT						
EQUIPMENT REAL ESTATE	DUE ON EQUIPMENT DUE ON REAL ESTATE							
OTHER ASSETS		OTHER LIABILITIES						
		CAPITAL STOCK (if a corporation)						
		SURPLUS AND UNDIVIDED PROFITS						
TOTAL ASSETS		TOTAL LIABILITIES						
Name of Owners	Name and T	NET WORTH itle of Officers % OWNERSHIP IN COMPANY						
Numer of Strate								

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