

**LOUISIANA DEPARTMENT OF JUSTICE
AND CONSUMER PROTECTION**

Bond# _____

**PROFESSIONAL SOLICITOR
SURETY BOND FORM**

_____, _____
(Name of Professional Solicitor) (Address, including state and zip code)

_____, _____
(Address) As Principal, and (Name of Surety Company)

_____, a surety authorized to do business in the state of Louisiana,

are held and firmly bound to the State of Louisiana and any person who may have a cause of action against the principal obligor arising out of a violation of any provision of La. R.S. 51:1901 et seq., or any rule adopted pursuant thereto in the amount of twenty five thousand dollars (\$25,000.00), lawful money of the United States for payment of which well and truly to be made, we, and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns in solido, firmly by this document.

WHEREAS, the above names principal has applied to the Louisiana Department of Justice and Consumer Protection to register as a professional solicitor for the period ending _____, in accordance with the provisions of R.S. 51:1901 et seq., and is required to furnish a surety bond with such registration.

AND, if the Principal shall fully and faithfully observe all provisions of La. R.S. 51:1901, then this obligation shall be void; otherwise to remain in full force and effect.

The surety may cancel this bond at any time by providing the Department 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 day period. In addition, the surety shall not be discharged from any liability which accrues under this bond during the period said bond is in effect.

This bond shall not become void upon the first recovery thereon but demand may be made from time to time until the full amount thereof shall have been exhausted.

Signed and sealed this _____ day of _____, _____.

Principal (Name of entity)

(Surety)

Signature of Officer/Title

Signature of Officer/Title

Address

Address

Business Telephone

Business Telephone

Attach agent's power of attorney and mail original to Department of Justice and Consumer Protection Section.

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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