

SURETY BOND FILED WITH THE LOUISIANA DEPARTMENT OF INSURANCE

The text of this official Department of Insurance form is NOT to be altered under penalty of law.
This form is NOT to be used for Bonds for Home Service Contracts

STATE OF _____
COUNTY/PARISH OF _____

PART 1. Bond & Surety. Complete All Information in Part 1, A-D.

A. Bond #	C(1). Describe This Bond (check one): ____ Original ____ Continuation ____ Other. Specify: _____	
B. Bond Issue Date (insert mmddyyyy) (This may not be the same as the effective date, but this date must be on or before the effective date.)	C(2). Provide Effective Dates and Times of This Bond [complete <u>all</u> 4 blanks <u>and</u> circle AM or PM <u>for each of C(2)(a) AND C(2)(b)</u>]:	
	(a) Effective (mmddyyyy): _____ at _____ AM/PM	
	(b) Terminates (mmddyy): _____ at _____ AM/PM	
D. Surety Company	1. Name _____	2. NAIC # _____

PART 2. Principal & TPA. Complete All Applicable Information in Part 2.

A. Principal	1. Name _____	2. NAIC # _____
B. If TPA, Entity for Which TPA Administers— Complete only if LRS 23:1196(C)(1) applicable	1. Legal Name _____	
	2. Physical Address _____	

Part 3. Type and Bond Amount. Mark **ONLY one** type and amount of bond for one year commencing on the date stated hereinabove at Part 1C.

A. TPA-Bond in current U.S. Dollars equal to	Fifty Thousand Dollars (\$50,000.00)		B. Public Adjuster-Bond equal to Fifty Thousand current U.S. Dollars (\$50,000.00)		C. Surety Bond-Bond in current U.S. Dollars equal to	One Hundred Thousand Dollars (\$100,000.00)	
	One Hundred Thousand Dollars (\$100,000.00)					One Hundred Fifty Thousand Dollars (\$150,000.00)	
						Two Hundred Fifty Thousand Dollars (\$250,000.00)	

PART 4. KNOW ALL MEN BY THESE PRESENTS, THAT the Principal and Surety, who, after being duly sworn, deposed and said:
THAT they are firmly bound unto the Commissioner of Insurance, State of Louisiana, or his successor in office, under this bond delivered in lieu of deposit of securities conditioned only for and dedicated exclusively to the prompt payment of all claims arising and accruing to any person by virtue of any policy issued, service agreed to, or fund established by the Principal, for the payment of which the Principal and Surety bind themselves, their heirs, administrators, executors, successors and assigns, jointly and severally, by this agreement;
THAT the condition of this obligation is such that if the above named Principal shall well and faithfully discharge and perform the duties incumbent on him under the provisions of Titles 22 and 23 of the Louisiana Revised Statutes and all other applicable laws, then in such case the above obligation is to become null and void; else to remain in full force, effect and virtue;
THAT the provisions under Titles 22 and 23 of the Louisiana Revised Statutes and all other applicable laws for principals, sureties and third party administrators (where third party administrators are parties) shall be applicable;
THAT this obligation may be continued for any subsequent year by a continuation certificate duly signed and sealed by the Principal and Surety, subject to the terms and conditions of the original bond;
IN WITNESS WHEREOF, Principal and Surety have executed this bond on the dates stated hereinbelow.
PART 5. Signatures and Notary. Complete All Information. Under LRS 35:12, in pertinent part, use "Christian names and surnames of the parties in full and not their initial letters alone or the full names of the parties and not their initial letters alone, together with the permanent mailing addresses of the parties, and... print or type the full names of the witnesses and of [notaries] under their respective signatures....[A] full name or a name in full shall include at least one given name and other initials in addition to the surname. It may be any combination of first name and middle initial or initials, if any, and the surname; or the first initial and at least one middle name and the surname; or the complete first and middle name or names and the surname. The notary shall type, print, or stamp his or her name as it appears on his or her commission."

Witnesses for Principal

BY:

_____	_____	_____
	Principal (Same as Part 2A hereinabove; if TPA, complete "TPA For" below)	Date
Print Name: _____	Print Name: _____	
_____	Permanent Physical Address: _____	
	If TPA, TPA For (Same as Part 2B hereinabove): _____	
Print Name: _____		

Subscribed and sworn to before me this _____ day of _____, _____

NOTARY
SEAL

NOTARY PUBLIC

Printed Name of Notary _____

Bar Roll or Notary Number _____ My Commission Expires _____

Witnesses for Surety

BY:

_____	_____	_____
	Surety (Same as Part 1D hereinabove)	Date
Print Name: _____	Print Name: _____	
_____	Permanent Physical Address: _____	
Print Name: _____		

Subscribed and sworn to before me this _____ day of _____, _____

NOTARY
SEAL

NOTARY PUBLIC

Printed Name of Notary _____

Bar Roll or Notary Number _____ My Commission Expires _____



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.

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

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

E-Mail WWIS@WWISINC.COM