

SURETY BOND

STATE OF LOUISIANA
LOUISIANA PUBLIC SERVICE COMMISSION
POST OFFICE BOX 91154, BATON ROUGE, LOUISIANA 70821-9154

Louisiana "Do Not Call Program"

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____

of this City of _____ State of _____ As Principal

hereinafter called Principal, and

a Corporation organized and existing under the laws of the State of _____ and duly authorized to transact business in the State of Louisiana, as surety, hereinafter Called Surety are held and firmly bound unto the State of Louisiana, in the sum of Twenty Thousand (\$20,000) Dollars, lawful money of the United States, payable to the Louisiana Public Service Commission, State of Louisiana for the use and benefit of the State or any injured Party, by reasons of the principle's failure to comply with the provisions of La. R.S. 45:844.11-15 or Louisiana Public Service Commission General Order dated November 7, 2001, for the payment of which said Principal and Surety bind themselves. their heirs, administrators, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has registered with and requested a permit from the Louisiana Public service Commission to utilize Telephone Solicitation under the Telephone Solicitation Relief Act of 2001, La. R.S. 45:844.11 through La. R.S. 45:944,15 and Louisiana Public Service Commission General Order an Telephone Solicitation Relief Act of 2001 dated November 7, 2001 which Act and General Order provides for an applicant to register for a permit as a telephone solicitor within the within the State of Louisiana to file a surety bond in the sum of Twenty Thousand (\$20,000) Dollars.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is such that, if Principal shall faithfully comply with all terms, conditions, provisions and requirements of the Telephone Solicitation Relief Act of 200 1, La. R.S. 45:844.1 1 through La. R.S. 45:844, 1 5 and regulations as stated in Louisiana Public Service Commission General Order on Telephone Solicitation dated November 7, 2001 as adopted by the Louisiana Public Service Commission, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

FURTHER the bond shall not be subject to cancellation by either the principal or the surety Unless written notice of intent to cancel is forwarded by the surety and/or the principal to the Louisiana Public Service Commission, located at One American Place, Suite 1630, Baton Rouge, Louisiana, at least ninety (90) days prior to the effective date of cancellation. If the cancellation is at the request of the surety, the surety shall also provide the principal with written notification at least ninety (90) days prior to the effective date of the cancellation. Any such cancellation will be effective prospectively only. The surety and principal will remain liable until prescription runs for any actions committed or omitted during the principal in which the bond was in effect. It shall be the responsibility of the principal to ensure the bond amount shall never be less then \$20,000 at all times.

FURTHER, the Principal shall pay any and all fines, penalties, and damages including, but not limited to expenses and attorney fees. and shall indemnify, any person suffering a loss or damage from the acts of any and all persons engaged as agents of the Principal as a result of any violation of the Telephone Solicitation Relief Act of 2001, La. R.S. 45:844.11 through La. R.S. 45:844.15 and regulations as stated in Louisiana Public Service Commission General Order on Telephone Solicitation dated November 7, 2001.

PROVIDED, however, that the liability of the Surety shall in no event exceed the sum of Twenty Thousand (\$20,000) Dollars in the aggregate for any and all claims thereunder,

THIS BOND SHALL BECOME EFFECTIVE THE _____ day of _____, 2002.

SIGNED, SEALED AND DATED THIS _____ day of _____, 2002.

Principal

Surety

Signature.

Title

Signature Attorney-in-Fact

Name of Representative

Name of Insurance or Bonding Agency

Address

Address

City, State, Zip Code

City, State, Zip Code

Telephone Number

Telephone Number

Fax Number

Fax Number

Received this _____ day of _____, 20____

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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