

Amount _____

COLLECTION AGENCY BOND

Bond No. _____

Know All by These Presents That _____ of _____ in the County of _____ State of _____ doing business as _____ as Principal, and _____ a corporation duly organized and existing under the laws of the _____

_____ , and being duly qualified to transact business in the State of Maine, as Surety, are holden and stand firmly bound unto the Superintendent of the Bureau of Consumer Protection of the State of Maine, for the use of any person or persons who may have a cause of action against the obligor of this bond under the provisions of the act under which this bond is given, in the just sum of _____ dollars (\$ _____) to be paid to the said person or persons as aforesaid, to which payment well and truly to be made, we hereby jointly and severally bind ourselves, our respective heirs, executors, administrators, successors or assigns, firmly by these presents.

The Condition of this Obligation is such, that whereas, the above bounden principal has applied to the said Superintendent of the State of Maine for a collection agency license under the provisions of Title 32, M.R.S.A., Sections 571 to 583, and is required by the provisions of that law to furnish a bond conditioned as herein set forth. Said license, if granted, will be for a period expiring July 31, _____ .

Now, therefore, if the said above named principal shall, within 60 days after the close of each calendar month, report and pay to customers the net proceeds due and payable of all collections made during said calendar month, and shall strictly, honestly and faithfully comply with the provisions of Title 32, M.R.S.A., Sections 571 to 583, and all amendments thereof and supplemental thereto, now or hereafter enacted and all rules and regulations in effect or which may be issued thereunder, then this obligation shall be void, otherwise to remain in full force and effect.

This bond shall cover all claims collected and property converted by the licensee during the term of the license covered by the bond, but the aggregate liability of the surety for any and all claims which arise under the bond shall in no event exceed the above principal amount.

This bond shall continue in full force and effect and shall run concurrently with the entire current license period and for any renewals thereof. The surety may be relieved of future liability hereunder by giving 30 days' written notice to the principal and to the Superintendent of the Bureau of Consumer Protection of the State of Maine.

IN WITNESS WHEREOF we have hereunto set our hands and seals,

This _____ of _____ A.D. _____

This must be acknowledged before a Notary Public.

Put Seal Here

See Page 2.

Principal

By: _____

Capacity

By: _____

Surety

By: _____

Countersigned

_____ Maine Resident Agent

_____ Capacity

Approved _____ day of _____ A.D. _____

ACKNOWLEDGMENT BY PRINCIPAL

INDIVIDUAL
STATE OF MAINE

County of _____ ss.

On this _____ day of _____, _____, before me,
_____, a
notary public in and for the County and State aforesaid, residing therein, duly commissioned and sworn, personally appeared

known to me to be the person whose name is subscribed to the within instrument, and acknowledged that _____ he _____ executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

(Seal)

Notary Public

PARTNERSHIP
STATE OF MAINE

County of _____ ss.

On this _____ day of _____, _____, before me,
_____, a
notary public in and for the County and State aforesaid, residing therein, duly commissioned and sworn, personally appeared

known to me to be one of the partners of the partnership that executed the within instrument and acknowledged to me that such partnership executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

(Seal)

Notary Public

CORPORATION
STATE OF MAINE

County of _____ ss.

On this _____ day of _____, _____, before me,
_____, a
notary public in and for the County and State aforesaid, residing therein, duly commissioned and sworn, personally appeared

known to me to be the _____ (title) of the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

(Seal)

Notary Public

ACKNOWLEDGMENT BY SURETY

STATE OF MAINE

County of _____ ss.

On this _____ day of _____, _____, before me,
_____, a
notary public in and for the County and State aforesaid, residing therein, duly commissioned and sworn, personally appeared

known to me to be the attorney in fact of the corporation that executed the within instrument, and acknowledged to me that such corporation
executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate
first above written.

(Seal)

Notary Public

Bond forms change; this is for educational purposes only.

SAMPLE
WWW.SINC.COM

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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 Phoenix, AZ 85015

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