

AMOUNT _____

BOND NO: _____

DEBT COLLECTOR / REPOSSESSION BOND (CONTINUOUS)

KNOW ALL PERSONS BY THESE PRESENTS THAT _____
(Formal business name of applicant)

located at _____ in the County of _____,
(Street address and City/Town)

State of _____, doing business as _____
(State) (Applicant's d/b/a name, if any)

as Principal, and _____
(Name of bonding company)

a bonding company duly organized and existing under the laws of the State of _____, 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 Credit Protection of the State of Maine, for use of any person or persons who may have a cause of action against the obligors of this bond 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 the above-bounden principal has applied to the said Superintendent of the State of Maine for a debt collector/repossession license under the provisions of Title 32, M.R.S.A., Sections 11001 to 11054, and is required by the provisions of that law to furnish a bond conditioned as herein set forth.

Now, therefore, if the said above-named principal shall, within 30 days after the close of each calendar month, report and pay to its customers the net proceeds due and payable of all collections made during said calendar month, or deliver all repossessed property, and shall strictly, honestly and faithfully comply with all provisions of state law including Title 32, M.R.S.A., Sections 11001 to 11054, 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, property converted and losses occasioned by the licensee beginning on the initial effective date of this 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 is a continuous bond, and shall remain 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, certified mail, receipt requested, to the principal and to the Superintendent of the Bureau of Consumer Credit Protection of the State of Maine.

This bond is effective _____.

PRINCIPAL MUST SIGN AND SIGNATURE MUST BE ACKNOWLEDGED AND THIS BOND MUST BE SIGNED BY THE SURETY (SEE NEXT PAGE)

Bond forms change; this is for educational purposes only.

SIGNATURE OF PRINCIPAL (APPLICANT)

Dated: _____

Principal (Applicant)

By: _____

Title/Capacity: _____

ACKNOWLEDGMENT BY PRINCIPAL (APPLICANT)

STATE OF

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/she 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

SIGNATURE OF SURETY (BONDING COMPANY)

Dated: _____

Name of Surety (Bonding Company)

By: _____

Title/Capacity _____

ACKNOWLEDGMENT BY SURETY

STATE OF

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/she 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

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