

Amount \$ 50,000

Bond No. \_\_\_\_\_

**DEBT MANAGEMENT SERVICE PROVIDER BOND**

**KNOW ALL PERSONS 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 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, against the obligor of this bond under the provisions of the Act under which this bond  
is given, in the aggregate sum of fifty thousand dollars (\$50,000 ), to be paid to the said Superintendent as aforesaid,  
or his successors in office, to which payment well and truly to be made, we hereby jointly and severally bind  
ourselves, our respective heirs, executors, administrators, successors and assigns, firmly by these presents.

**THE CONDITION OF THIS OBLIGATION IS SUCH** that, if the said \_\_\_\_\_  
\_\_\_\_\_ shall faithfully perform the  
duties and obligations pertaining to the business of a Debt Management Service Provider pursuant to 32 M.R.S.A.,  
Section 6171 et seq. to be conducted in accordance with the tenure of the registration of said business issued  
to \_\_\_\_\_ by the Superintendent of the Bureau of Consumer Credit  
Protection of the State of Maine under the authority, of and as provided in Title 32 M.R.S.A., c. 80-A, the Debt  
Management Services Act, and shall conform and abide by each and every applicable provision of the Chapter and to  
all rules and regulations lawfully made by the Superintendent hereunder and shall pay to the State and to any such  
persons any and all monies that may become due or owing to the State, or to such persons from said obligor, under  
and by virtue of the provisions of these Acts, then this obligation shall become void; otherwise it shall be and remain  
in full force and effect.

This bond shall continue in full force and effect and shall run concurrently with the entire registration 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 Credit Protection of the State of Maine.

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

This \_\_\_\_\_ of \_\_\_\_\_ A.D. 200\_\_\_\_\_  
Put Seal  
Here

\_\_\_\_\_  
Principal

By: \_\_\_\_\_

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Surety

By: \_\_\_\_\_

\_\_\_\_\_  
Capacity

Approved \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_

\_\_\_\_\_  
Superintendent, Bureau of Consumer Credit Protection

Bond forms change; this is for educational purposes only.

**ACKNOWLEDGMENT BY PRINCIPAL**

**INDIVIDUAL**

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

**PARTNERSHIP**

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 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

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

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

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# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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](mailto:WWIS@WWISINC.COM)**