

STATE OF MAINE

LOAN BROKER BOND

KNOW ALL PERSONS BY THESE PRESENTS THAT _____

(Formal business name of applicant)

doing business as _____ as Principal,

(Applicant's d/b/a name, if any)

(hereinafter) "Loan Broker" located at _____

(Street address and City/Town)

in the County of _____, State of _____,

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, against the obligor of this bond under the provisions of the Act under which this bond is given, in the aggregate sum of twenty-five thousand dollars (\$25,000), 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 Loan Broker shall faithfully perform the duties and obligations pertaining to the business of a Loan Broker pursuant to 9-A M.R.S.A., Section 10-101 *et seq.*, to be conducted in accordance with the tenure of the license of the said Loan Broker, issued to the Loan Broker by the Superintendent of the Bureau of Consumer Credit Protection of the State of Maine under the authority of, and as provided in, Title 9-A M.R.S.A., The Maine Consumer Credit Code, and shall conform and abide by each and every applicable provision of the Code 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 be continuous in nature and remain in force until the Surety is released from liability by the Superintendent of the Bureau of Consumer Credit Protection or until cancelled by the Surety. The Surety may be relieved of future liability hereunder by giving 30 days written notice to the Loan Broker 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. _____

Put Seal
Here

Loan Broker

By: _____

Capacity

Surety

By: _____

Capacity

Approved _____ day of _____ A.D. 20____

Superintendent, Bureau of Consumer Credit Protection

(ACKNOWLEDGMENT BY LOAN BROKER)

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

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
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