

AMOUNT \_\_\_\_\_

BOND NO: \_\_\_\_\_

**STATE OF MAINE BUREAU OF CONSUMER CREDIT PROTECTION  
SUPERVISED LENDER BOND**

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 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** if the said \_\_\_\_\_ shall faithfully perform  
the duties and obligations pertaining to the business of making and/or servicing Supervised Loans to be conducted in accordance  
with the tenure of the license to engage in 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 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 person or persons, any  
and all monies that may become due or owing to the State, or to such person or 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 cover all claims collected, property converted and losses occasioned 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 further 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. \_\_\_\_\_

Put Seal  
Here

\_\_\_\_\_  
Principal

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

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Surety

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

\_\_\_\_\_  
Capacity

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

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

**ACKNOWLEDGMENT BY PRINCIPAL**

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

**ACKNOWLEDGMENT BY SURETY (BONDING COMPANY)**

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

Bond forms change; this is for educational purposes only.

# 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)**