

WHOLESALE DISTRIBUTOR SURETY BOND

Bond No. _____

Application/Permit No. _____

This Surety Bond is given by _____, as Principal, as
name of applicant/permit holder
applicant for a Maryland wholesale distributor permit/permit holder for renewal of a
Maryland wholesale distributor permit, located at _____

_____,
address
and authorized to do business in the State of Maryland, and _____,
name of surety company
as Surety, located at _____

_____,
address
, a Surety Company incorporated under the laws of the State of _____,
State of incorporation

and authorized to do business in the State of Maryland, and are held and firmly bound
to the Maryland Board of Pharmacy, for the sum of One Hundred Thousand Dollars
(\$100,000), for which payment binds the applicant/permit holder, their heirs, executors,
administrators, successors and assigns jointly and severally. This bond term shall become
effective on _____.

WHEREAS, Health Occupations Article, 12-6C-05(f), Annotated Code of Maryland,
requires that the Applicant/Permit Holder file or have on file with the Maryland Board of
Pharmacy a bond in the sum of \$100,000 payable to the Pharmacy Board, and this bond
is executed and tendered in accordance therewith. The purpose of the bond is to secure
payment of any fines or penalties imposed by the Board and any fees and costs incurred
by the State of Maryland relating to the permit that are authorized under State law; and
are not paid by the permit holder within 30 days after the fines, penalties, fees or costs
become final.

NOW THEREOFRE, the conditions of the foregoing obligation are that if the
Applicant/Permit Holder shall comply with and be subject to the provisions of Health
Occupations Article, Subtitle 6C, Annotated Code of Maryland, then this obligation shall
be null and void; otherwise it shall remain in full force and effect.

Principal's Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Surety Company's Representative

_____, Attorney-in-Fact
Print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Maryland Resident Agent

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue
Baltimore, Maryland 21215

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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