

BOND #

KNOW ALL MEN BY THESE PRESENTS:

That we, _____,
as Principal, and _____,
incorporated under the laws of the State of _____ with principal
office in _____ as Surety, are held and firmly
bound unto

THE MARYLAND STATE LOTTERY AGENCY

As obligee, in penal sum of _____ dollars, lawful money
of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, _____ has been duly licensed as Daily
and/or Weekly Lottery Sales Agent (“Agent”) by the Insured and by reason thereof will receive into its
hands monies goods and other property of the Insured and the term of said license is indicated in the
block checked below:

- Beginning the _____ day of _____, _____ and
ending the _____ day of _____.
- Continuous, beginning the _____ day of _____.

WHEREAS, the Principal is required by law to file with MARYLAND STATE LOTTERY AGENCY
a bond for the above indicated term and conditioned as hereinafter set forth.

Now the condition of the obligation is such that of the Agent does not have weekly settlement and
remittance available prior to the scheduled Agent collection as set forth in all the agreements entered into
between the Insured and the Agent that the Surety shall pay the Insured all loss suffered by the Insured to
the extent of the limits of liability under this surety agreement, regardless the reason for the Agent’s
failure to have such weekly settlement and remittance available.

“Insured” will be defined as THE MARYLAND STATE LOTTERY AGENCY. “Agent” will be
defined as the Agent under the license agreement and all owners, partners, officers and employees
thereof.

PROVIDED FURTHER, that regardless of the number of years this bond shall continue or be continued
in force and of the number of the premiums that shall be payable or paid, the Surety shall not be liable
hereunder for a larger amount, in aggregate, than the amount of this bond, and

PROVIDED FURTHER, This bond may be cancelled by the Surety as to subsequent liability by giving
thirty (30) days notice in writing to said Obligee.

Signed, sealed and dated the _____ day of _____.

Principal

BY: _____

BY: _____

Attorney-in-Fact

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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