

No. _____

INDEMNITY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT WE _____

Thereinafter called "Principal", and _____

Address: _____

Phone Number: _____, duly authorized to transact the business of indemnity and Suretyship in the State of Maryland as Surety (hereinafter called "Surety"), are held and firmly bound unto Global Express Money Orders Inc. (called "Obligee"), in the penal sum of

(\$ _____) Dollars, lawful money of the United States of America for the payment of which we hereby bind ourselves, our heirs, executors and administrators, jointly and severally by these presents.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH that the above bounden Principal, under the terms of a written agreement with Global Express Money Orders Inc. issues Global Express Money Orders Inc. money orders and remits funds received as a result of said money order issuance, less Principal's Commission to Global Express Money Orders Inc. on a periodic basis.

NOW THEREFORE if the above bounden Principal shall remit to obligee all funds received from the issuance Global Express Money Orders Inc. money orders, less Principal's commission then this obligation shall be null and void; otherwise to remain in full force and effect.

IT IS FURTHER UNDERSTOOD AND AGREED THAT,

1. This bond shall be in full force and effect indefinitely and that a continuation or renewal certificate is unnecessary.
2. Regardless of the number of years this bond remains in force, the aggregate liability of the Surety for any and all claims shall in no event exceed the penal sum of the bond.
3. This bond may be cancelled by the Surety as to future liability upon giving fifteen (15) days written notice to Obligee. Said notice to be sent by certified mail.

IN WITNESS WHEREOF, said Principal and said Surety have caused these presents to be duly signed and sealed this _____ day of _____, 20 _____.

Principal

Title

, 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.

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