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|-----------------|
| OFFICE USE ONLY |
| Approved _____ |
| Date _____ |
| Bond # _____ |

Comptroller of Maryland
Revenue Administration Division
Licensing and Registration
P. O. Box 2999
Annapolis, MD 21404-2999
Phone: 410-260-7980 - Toll-Free: 888-784-0142
Fax: 410-974-3201

Other Tobacco Products (OTP) Bond

KNOW ALL PERSONS BY THESE PRESENTS, that we _____
_____, hereinafter called the Principal, and _____
_____, an entity incorporated under the laws of the state of _____
and duly licensed to do business under the laws of the State of Maryland, hereinafter called the Surety, are held and firmly
bound unto the State of Maryland in the full and just sum of _____
_____ DOLLARS, lawful money of the United States of America, to be paid to upon demand
to the said State of Maryland, or its assigns, to which payment well and truly to be made and done we bind ourselves, our
heirs, personal representatives, administrators, successors, and assigns, jointly and severally, firmly by these presents.

WHEREAS, under the provisions of Tax-General Article, §13-825, Annotated Code of Maryland, the above bounded
Principal, upon filing an application for a license to engage in the business of selling other tobacco products in the State
of Maryland as a “wholesaler” as defined in Business Regulation Article, Title 16.5, Annotated Code of Maryland, is
required to file concurrently therewith a bond of the character stipulated and in the amount provided for therein, which bond
shall be filed with the Comptroller of Maryland.

NOW, THEREFORE, the conditions of this obligation is such, that if the above bounded Principal shall promptly file true
returns and reports with the Comptroller of the State of Maryland as required by law, and shall well and truly pay to the
Comptroller any and all tobacco taxes as they become due which are now or may hereafter be levied or imposed by the State
of Maryland, together with any and all penalties and interest thereon, and shall faithfully comply with all the provisions of
the Tax-General Article, Title 12 and Title 13, Annotated Code of Maryland, and all amendments thereof, then this
obligation to be void, otherwise to remain in full force and effect. This bond shall remain in full force and effect until
cancelled in accordance with the provisions of the Tax-General Article. Any cancellation of this bond shall not affect any
liability incurred or accrued prior to the termination date.

In witness whereof the said Principal has hereunto set its hand and seal and the Surety has caused this instrument
to be executed in its name and on its behalf this _____ day of _____, _____.

Name of Surety

Name of Principal (Licensee)

Signature

Signature of Owner, Partner, or Officer

Attest: _____
Witness

Witness

CANCELLATION OF THIS BOND REQUIRES A 60-DAY NOTICE

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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