

PAWNBROKER'S BOND

Know all men by these presents That we _____

Principal, and _____

_____ of Baltimore City, State of Maryland, and

_____ as Surety
are held and firmly bound unto the Mayor and City Council of Baltimore in the full and just sum of
FIFTY THOUSAND Dollars, to the payment whereof we bind ourselves and each of our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this _____ day of _____

WHEREAS the said _____

has obtained a license from the Mayor and City Council of Baltimore to conduct a pawnbroker busi-
ness at No. _____ Street, in the City of Baltimore, until the thirty-
first day of December, _____ next ensuing, unless sooner revoked.

NOW, THE CONDITION OF THIS OBLIGATION IS SUCH That if the above bounded

_____ shall well and truly conduct the business of pawnbroker at No. _____
Street aforesaid, the place named in said license, or at such other place as he may remove to, in all
things appertaining thereto, according to the Ordinances of the Mayor and City Council of Balti-
more, then this obligation shall be void; otherwise to be and remain in full force and virtue in law

Signed, Sealed and delivered
in the presence of

_____ [SEAL]

Witness as to Surety: _____ [SEAL]

_____ [SEAL]

Approved: _____ Approved as to the form and legal sufficiency

_____ Assistant City Solicitor

Comptroller

Approved as to amount of

\$ _____

_____ Director of Finance

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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