

# Surety Bond for Professional Solicitors & Public Safety Solicitors

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The State of Maryland  
Office of the Secretary of State  
State House  
Annapolis MD 21401  
(410) 974-5534

Bond Number \_\_\_\_\_ I/We, of \_\_\_\_\_ of \_\_\_\_\_, State of \_\_\_\_\_

(hereinafter "Principal"), as Principal, have applied to the Maryland Secretary of State for registration as a Professional Solicitor or Public Safety Solicitor for the purpose of acting as a Professional Solicitor or Public Safety Solicitor for a charitable organization required to register with the Maryland Secretary of State pursuant to Chapter 787 of the Laws of Maryland of 1984 and any acts amendatory thereof and supplemental thereto; this bond is to cover all claims arising on account of the registration of the Principal and his acting as such Professional Solicitor or Public Safety Solicitor for the full term hereof beginning on \_\_\_\_\_, 20\_\_\_\_ and expiring on the last day of the 12th month following its issuance; and

\_\_\_\_\_, with its principal office located at \_\_\_\_\_, State of \_\_\_\_\_,

\_\_\_\_\_ a corporation authorized to do a surety business in the State of Maryland (hereinafter "Surety"), as surety are held and firmly bound unto the State of Maryland, for the use of the State of Maryland, and to any person who may have a cause of action against the Principal for any malfeasance, nonfeasance, or misfeasance in the conduct of solicitation by the Principal as a Professional Solicitor or Public Safety Solicitor in the sum of twenty-five thousand dollars (\$25,000) lawful money of the United States of America, to be paid to the State of Maryland for the use of the State of Maryland, and to any person who may have a cause of action against the Principal for any malfeasance, nonfeasance, or misfeasance in the conduct of solicitation by the Principal as a Professional Solicitor or Public Safety Solicitor, as their interests may appear, not exceeding in the aggregate sum said of twenty-five thousand (\$25,000) for which payment well and truly to be made we bind ourselves, our heirs, executors, administrators, successors, and assign, jointly and severally by these presents.

**Now, the conduct of this obligation is such,**

That if the Maryland Secretary of State shall register the above bounden Principal as such Professional Solicitor or Public Safety Solicitor and said Principal shall faithfully and honestly act as such Professional Solicitor or Public Safety Solicitor in accordance with law, and fully complies with the provisions of Chapter 787 of the Laws of Maryland of 1984 and any acts amendatory thereof and supplemental thereto, and if the Principal shall fully indemnify and save harmless from loss, the State of Maryland and any person who may have a cause of action against the Principal for any malfeasance, nonfeasance, or misfeasance in the conduct as such Professional Solicitor or Public Safety Solicitor, then this obligation to be void, otherwise to remain in full force and virtue. It is understood and agreed that this bond may be continued by continuance certificate signed by the Surety. This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted;

**And further provided,** That the Surety may, without prejudice to any liability accrued prior to such cancellation, cancel such bond upon sixty (60) days written notice filed with the Insurance Commissioner of the State of Maryland, the Secretary of State of Maryland, and a copy thereof mailed to the Principal.

Signed, sealed, and dated this _____ day of _____ 20_____.	
As witness:	
Test as to Principal:	
Principal	
Test as to Surety and its Corporate Seal:	
Surety	By

Bond forms change; this is for educational purposes only.

# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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**  
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 Phoenix, AZ 85015

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