

MARYLAND INSURANCE ADMINISTRATION TITLE SURETY BOND

Bond Number _____

KNOW ALL MEN BY THESE PRESENT; THAT

of _____

State of _____ (hereafter called "Principal"), as Principal has applied to the Insurance Commissioner of the State of Maryland for a license as Title Producer, said license is required by the Insurance Laws of Maryland to give a bond in the penalty below and conditioned hereinafter set forth; and

with its principal office located at _____ a corporation authorized to do surety business in the state of Maryland (hereinafter called "Surety") as Surety, ARE HELD AND FIRMLY BOUND unto the State of Maryland as Obligee, and any unknown third party, in full and just sum of \$150,000 (ONE HUNDRED FIFTY THOUSAND DOLLARS) to the payment of which well and truly to be made the Principal and Surety hereby bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these present. Regardless of the number of years or license periods this bond remains in effect, the number of premiums paid or the number of claims made, the total aggregate liability of the surety shall not exceed the penal sum of the bond.

PROVIDED, HOWEVER, THAT THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that if the above bounded Principal shall truly account for and pay over to the person or corporation entitled to receive the same, all money belonging to such person or corporation which may, during the term of said license, come into the hands of said Principal as such Title Insurance Producer or the employees or agents of Principal, including Title Insurance Producer Independent Contractors during the course of providing service for or on behalf of the Principal, or while providing any escrow, closing, or settlement service, then this obligation shall be void, otherwise of full force and effect;

AND FURTHER PROVIDED, That the Surety may, without prejudice to any liability accrued, prior to such cancellation, cancel such bond upon thirty (30) days' written notice filed with the Insurance Commissioner of the State of Maryland and a copy thereof mailed to the Principal.

Signed, sealed and dated this _____ day of _____, _____.

As Witness:

By: _____ By: _____ (L.S.)
Witness Principal

Test as to Surety and Its Corporate Seal

By: _____ By: _____
Witness Attorney-in-Fact

NOTICE TO SURETY COMPANIES AND PRINCIPAL: Be sure a concurrently dated Power of Attorney is attached to this bond, and all signatures are affixed.

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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