

THE COMMONWEALTH OF MASSACHUSETTS

CHAPTER 93, GENERAL LAWS, TERCENTENARY EDITION, SECTIONS 24-28

KNOW ALL MEN BY THESE PRESENTS:

Bond No. _____

That We, _____

of _____ in the county of _____

as Principal, and _____

of _____ in the county of _____

as Surety, are holden and stand firmly bound unto the Treasurer and Receiver-General of the Commonwealth of Massachusetts in the just sum of _____ dollars (\$_____) to be paid to the said Treasurer and Receiver-General or his successor or successors in office, to which payment, well and truly to be made, we hereby jointly and severally bind ourselves, our respective heirs, executors and administrators, successors or assigns, firmly by these presents.

The condition of this obligation is such that if the said

shall upon written demand render a true and complete account to the person, partnership, association or corporation from whom any account, bill or indebtedness is taken for collection, and shall, upon written demand, pay and turn over to or for such person, partnership, association or corporation for whom any account, bill or other indebtedness is taken for collection the proceeds of such collection in accordance with the terms of the agreement upon which such account, bill or other indebtedness was received for collection, and shall faithfully comply with all the requirements of sections 24 to 28, inclusive, of chapter 93 of the General Laws, Tercentenary Edition, under the provisions of which this bond is given, then this obligation shall be void otherwise it shall be and remain in full force and virtue

In Witness Whereof, we hereunto set our hands and seals, this _____ day of _____, this _____ A.D.

Principal (Seal)

Company (Seal)

ss. Then personally appeared the above-named Principal and acknowledged the foregoing instrument To be his free act and deed.

Before me

Justice of the Peace

The above bond approved and accepted.

Boston

The above bond examined and approved

Treasurer and Receiver General

Commissioner of Banks

S-5786 (9/01)

Form No. 41C. 500

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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