

**Uniform Surety Bond Form**

State/Commonwealth/Territory of

\_\_\_\_\_  
\_\_\_\_\_

*Name of Agency*

\_\_\_\_\_

*Address of Agency*

Bond No. \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS:

That,

\_\_\_\_\_

*Name and address of broker-dealer or investment adviser*

\_\_\_\_\_

as Principal, having filed with the office of the

\_\_\_\_\_

*Name of agency requiring bond*

on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, an application to transact  
business in this State/Commonwealth/Territory as a

\_\_\_\_\_

and

*Designate whether principal is B/D or I/A*

\_\_\_\_\_ as Surety, a corporation organized  
*Name and address of Surety*

under the laws of the State/Commonwealth/Territory of \_\_\_\_\_ and being  
duly authorized to transact the business of indemnity and suretyship in this  
State/Commonwealth/Territory, do hereby acknowledge our indebtedness to the  
State/Commonwealth/ Territory of \_\_\_\_\_ for the use and benefit of any  
person(s) having a claim under the conditions of this obligation, in the sum of \_\_\_\_\_,  
Dollars (\$\_\_\_\_\_), as required by \_\_\_\_\_ provided, however, that the

*Statute Requiring Bond*

aggregate liability hereunder shall not exceed the sum of \_\_\_\_\_ Dollars,

(\$ \_\_\_\_\_) regardless of the number of claimants, and shall not be construed as individual liability.

LIABILITY for the payment of this sum, to which we hereby obligate and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, becomes effective upon the following conditions:

1. Registration/Licensing of the Principal to transact business in this State/Commonwealth/Territory as a \_\_\_\_\_  
*Designate whether principal is a broker-dealer or investment adviser and*
2. Failure by the Principal to strictly comply with all applicable provisions of, and orders, rules and regulations issued pursuant to, the applicable securities statutes of the particular state, commonwealth or territory in which such Principal is registered.

THIS Bond shall expire at such time as the Principal's registration is withdrawn, terminates through non-renewal or issue revoked by the

\_\_\_\_\_  
*Name of Agency*

except as to liability for acts or omissions which occur prior to such time. This Bond may also be canceled by the Surety upon \_\_\_\_\_ days written notice by registered mail to the Principal and to the \_\_\_\_\_ in which case

\_\_\_\_\_  
this Bond shall  
*Name of Agency*

be considered canceled upon the expiration of \_\_\_\_\_ said days period except as to liability for acts or omissions which occur prior to the date of cancellation. Notice shall be deemed effective upon receipt by the applicable state agency of said written notice along with sufficient proof of notice to the Principal.

NO suit may be maintained to enforce any liability arising under this Bond unless brought within \_\_\_\_\_ years after discovery of the act or omission upon which liability is based.

IT is understood and agreed that any person(s) having a claim under the conditions of this obligation may initiate suit in any court of competent jurisdiction against the Principal and/or the Surety upon this Bond.

WITNESS OUR SIGNATURES, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_  
BY

(corporate seal, if applicable)

\_\_\_\_\_  
SURETY

\_\_\_\_\_  
BY

N/A \_\_\_\_\_  
Counter Signature of

\_\_\_\_\_  
Agent of Surety resident  
**ACKNOWLEDGMENT OF INDIVIDUAL**



NOTARY PUBLIC,

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
COUNTY,

\_\_\_\_\_  
MY COMMISSION EXPIRES

*NOTE: A true and correct copy of the applicable "Power of Attorney" must be attached hereto where the Bond is subscribed to by an "Attorney in Fact."*

SAMPLE  
WWW.SINC.COM

# 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.

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