



MARTHA COAKLEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

Form 9
\$25,000 Bond for Professional Solicitors and Commercial Co-venturers

Surety Bond Number _____

KNOW ALL PEOPLE BY THIS PRESENT INSTRUMENT that we...

Principal Obligor (Applicant/Registrant):

Name _____

registering as a: **Professional Solicitor** or **Commercial Co-venturer** (circle one)

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

AND Surety:

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

...which Surety is authorized to do business and issue surety bonds in the Commonwealth of Massachusetts, are held and firmly bound to Obligees (1) the Division of Non-Profit Organizations/Public Charities ("Division") of the Department of the Attorney General of the Commonwealth of Massachusetts for the use of the Commonwealth and (2) any charitable organization that may have a cause of action against the Principal for any losses, damages, or penalties resulting from any malfeasance or misfeasance by the Principal, its members, its officers, and its employees in the conduct of the solicitation activities during the term of this surety bond. The bond has been undertaken by the Principal in the amount of **Twenty-Five Thousand United States Dollars (\$25,000)** for the payment of which, we (the Principal and Surety) bind ourselves, our heirs, executors, successors and assigns, jointly and severally.

Bond forms change; this is for educational purposes only.

This bond is issued subject to the following additional express conditions:

1. **CONDITION OF OBLIGATION.** If the Division shall register the above Principal as a Professional Solicitor or Commercial Co-venturer and the Principal fully complies with the provisions of sections eighteen to thirty-five of chapter sixty-eight of the General laws and the acts amendatory thereof and supplemental thereto, then this obligation shall be discharged and be null and void. Otherwise the bond obligation will remain in full force and effect.
2. **ORDER OF CLAIMS.** Obligees' claims under this bond shall be settled in the order that the claims are made.
3. **MULTIPLE CLAIMS ON THE BOND.** 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.
4. **LIMITATION OF RESPONSIBILITY OF SURETY.** This bond may not be construed to require the Surety to be responsible for losses, damages or penalties resulting from any malfeasance or misfeasance in the conduct of solicitation after the expiration or effective date of cancellation of this bond, provided such cancellation was in accordance with the terms set out in #6 below. This bond is to cover all claims arising on account of the registration of the Principal and his/her acting as such Professional Solicitor or Commercial Co-venturer for the calendar year period ending on December 31, _____.
5. **LIMITATION ON SUM OF TOTAL LIABILITY.** In no event shall the liability of the surety under this bond for all claims exceed the sum of this bond.
6. **NOTICE OF CANCELLATION.** This bond may be cancelled at any time by the surety upon giving thirty (30) days written notice to the Professional Solicitor or Commercial Co-venturer and the Attorney General's Office by certified mail of such cancellation. It is understood that the Surety shall continue to be liable for any cause of action for any malfeasance or misfeasance by the Principal, its members, its officers, and its employees in the conduct of the solicitation when such cause of action arose prior to the date of cancellation.

This bond is issued pursuant to section twenty-four of chapter sixty-eight of the Massachusetts General Laws. This bond shall be issued for the term from _____, _____ to _____ December 31, _____.

SIGNED AND DATED this _____ day of _____, _____

Signature of Principal

By: (please print)

Signature of Attorney-in-Fact for Surety

By: (please print)

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.

Worldwide Insurance Specialists, Inc
 2424 W. Missouri AVE
 Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM