

Bond number: _____

BOND OF NOTARY PUBLIC

KNOW ALL MEN BY THESE PRESENTS, that _____

as Principal, and _____,
a surety company licensed to do business in the State of Michigan, as surety, are held and firmly bound unto the People of the State of Michigan, in the penal sum of TEN THOUSAND DOLLARS (\$10,000.00) lawful money of the United States of America, to be paid to the said people, or to their certain attorneys, heirs, executors, administrators or assigns, to which payment well and truly be made, said principal and surety bind themselves, their heirs, executors, administrators, assigns, and each and every one of them, firmly by these presents.

THE CONDITION of this obligation is such that the above Principal has applied for appointment by the Secretary of State of the State of Michigan as a Notary Public in the County of _____.

NOW THEREFORE, if the Principal shall indemnify or reimburse a person, financing agency, or governmental agency for monetary loss caused through the official misconduct of the Principal in the performance of a notarial act, then this obligation to be void; otherwise to remain in full force and effect. The Surety is required to indemnify or reimburse only after a judgment based on official misconduct has been entered in a court of competent jurisdiction against the Principal. The aggregate liability of the Surety shall not exceed the penal sum of this bond stated above. The Surety may cancel this bond upon sixty days notice to the Principal and the Secretary of State of the State of Michigan and the County Clerk of the county specified above. The Surety is not liable for any breach of the condition of this bond occurring after the effective date of such cancellation. This bond shall be effective from the effective date of the Principal's notary commission so applied for, and unless cancelled by the Surety as set forth above or otherwise released, through the expiration date of such notary commission.

Sealed with our seals and dated the _____ day of _____, _____.

By: _____
Principal

Affix Surety
Seal Here

By: _____
Surety

By: _____
Attorney-in-fact

OATH OF OFFICE

STATE OF MICHIGAN

County of _____

I do solemnly swear that I will support the Constitution of the United States, and the Constitution of this State, and that I will discharge the duties of the office of Notary Public in and for said County to the best of my ability.

Principal

Subscribed and sworn to before me this _____ day of _____, _____.

My commission expires _____
Notary Public

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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