

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL
Uniform Professional Fund Raiser Surety Bond

KNOW ALL MEN BY THESE PRESENTS, that

Name of Professional Fund Raiser
of _____
Address
as principal, and _____
Name of Surety

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, any charitable organization or other person who may have a cause of action against the principal for any malfeasance or misfeasance in the conduct of solicitations in the total penal sum of ten thousand dollars (\$10,000.00) lawful money of the United States, for which sum will and truly be paid, said principal and surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, and each of them firmly by these presents.

WHEREAS, the above-named principal is a professional fund raiser per the definition of the term in Act 169 of the Public Acts of 1975, and,

WHEREAS, the above-named principal is required by section 17 of Act 169 of the Public Acts of 1975 to post a surety bond,

NOW, THEREFORE, the condition of this obligation is such that if the above-named principal shall not engage in or be found guilty of any malfeasance or misfeasance in the conduct of a solicitation then this obligation as to him shall be null and void, otherwise, it shall remain in full force and effect.

Provided, however, that the surety shall be required to make reimbursement only after a final decision reimbursement only after a final decision of the Attorney General or final judgment has been rendered in the district, common pleas, circuit or municipal court.

This bond is executed and accepted subject to the following conditions:

- (1) Coverage is provided herein and extended without notification to the surety for any change of officers, if the principal is a corporation.
- (2) No change in the business name of the principal is permitted unless such name change is filed with the Attorney General.
- (3) The aggregate liability of the surety for all judgments or final decisions under the bond shall, in no event, exceed the sum of the bond.
- (4) The principal shall annually file with the Attorney General a statement pursuant to Act 169 of the Public Acts of 1975 relating to past and current contracts for solicitations.
- (5) The books and records of a principal upon the bond shall be open to the inspection during reasonable business hours to the surety and the Attorney General.
- (6) Where the principal employs professional solicitors, liability on the bond shall extend to the malfeasance or misfeasance of such solicitors
- (7) Coverage hereunder shall be effective as of 12:01 a.m. on

and shall continue in full force and effect until cancelled by surety or principal. Cancellation of this bond may be made by either surety or principal giving 90 days' notice in writing by certified mail to the other party and the Charitable Trust Section, Department of Attorney General, Lansing, Michigan, and, therefore, both principal and surety shall be released from liability for any breach of condition or terms of this bond occurring after the effective date of said cancellation.

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

PRINCIPAL (Professional Fund Raiser)

(Printed)

Corporate name; if unincorporated,
individual name, enter above

Witness

By: _____
Authorized Representative's Signature

(Title)

SURETY (Insurance Company)

(Printed)

By: _____

Witness

(Signed)

(Title)

Mailing Address of Surety:

National Headquarters: _____

Local Office or Agent: _____

NOTE: All professional fund raiser licenses expire on June 30 of each year.

Continuation Certificate from the Surety must be submitted with each renewal application and must assure continuance of current bond through June 30 of new license year.

A POWER OF ATTORNEY form, provided by and properly signed by the Surety, including the current date, must be attached to this bond.

Questions in regard to this bond or notice of cancellation, in accordance with No. 7, should be directed to:

Department of Attorney General
Charitable Trust Section
PO Box 30214
Lansing MI 48909
Phone: (517) 373-1152
www.michigan.gov/ag

Rev 8/01

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