

Bond No. _____

BOND FOR OWNERSHIP OF
ELECTRONIC FINANCIAL TERMINAL

KNOW ALL BY THESE PRESENTS, That we, _____ of
_____, as Principal and _____
_____, authorized to do business in the State of Minnesota, as
Surety, are held and firmly bound unto the Commissioner of the Department of
commerce of the State of Minnesota an behalf of the Electronic Financial Terminal
Customers, as obligees, in the sum of (\$5,000,00) Five Thousand and no/100 Dollars
lawful money of the United States, paid unto the said Obligees, their heirs,
executors, administrators successors or assigns, firmly by these presents

THE CONDITION OF THIS OBLIGATION IS SUCH That the Principal has applied to the
Department of Commerce of the State of Minnesota for an authorization to place
Electronic Financial Terminal(s)

at _____ This
bond is offered by the Principal in compliance with Minnesota statutes, Section
47.64, Subdivision 5,

NOW, THEREFORE, if the said _____ shall pay all
damages and costs awarded to any person who suffers loss due to negligence or
intentional misconduct in the operation of an Electronic Financial Terminal under
control of the Principal, then this obligation shall become void; otherwise to
remain in full force and effect.

It is hereby declared, in accordance with the statute, that action on this bond may
be brought and prosecuted in the name of any person damaged by any breach of the
conditions thereof, and that successive actions may be maintained thereon.

It is the intent of the parties that this bond be continuous. The maximum liability
of the Surety under this bond shall not exceed \$5,000.00, This 'bond obligation may
be cancelled by giving 30 days written notice of such intent to cancel by Certified
Mail: Return Receipt Requested to the Department of Commerce, Division of Financial
Examinations, 133 East 7th Street, St Paul, MN 55101.

Signed and sealed this _____ day of _____ 20 _____

Witness

By: _____

Principal

Surety

Witness

By: _____

By: _____
Countersigning Agent (if required)

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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