

BOND NO. \_\_\_\_\_

STATE OF MINNESOTA  
FRANCHISOR SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT \_\_\_\_\_  
(Name of Franchisor)

a \_\_\_\_\_  
(Description or form of business organization, including State of Incorporation, if applicable, e.g.,  
"a Minnesota Corporation") with business office at

\_\_\_\_\_  
(Address)

as Principal and \_\_\_\_\_, a corporation duly  
(Name of Surety)  
organized under the laws of the State of \_\_\_\_\_, and authorized to do

business in the State of Minnesota, as Surety, are hereby held and firmly bound to the State of  
Minnesota, in the sum of \_\_\_\_\_

Thousand Dollars (\$\_\_\_\_\_,000.00). For the payment of this sum, Principal and Surety bind  
themselves, their representatives, successors and assigns, jointly and severally by these presents.

The parties further agree that:

1. The purpose of this obligation is to secure the compliance by Principal with its franchise contract  
(Registration Number \_\_\_\_\_) in accordance with Minnesota Statutes, Section 80C.05 and Minnesota Rules,  
Part 2860.1900.

2. This bond is for the benefit of the State of Minnesota and all persons purchasing franchises from  
principal.

3. If Principal shall violate the franchise contract by failing to provide real estate, improvements,  
equipment, inventory, training or any other items included in the offering, prior to the time of the opening of the  
franchise business, the Commissioner of Commerce of the State of Minnesota, as well as any franchisee damaged  
as a result of such violation, shall have, in addition to all other legal remedies, a right of action on this Bond in the  
name of the injured party for loss sustained by the injured party.

4. This bond shall become effective at \_\_\_\_\_ on \_\_\_\_\_  
(time of day) (date)

It may be cancelled by Surety and Surety relieved of liability with respect to franchise agreements entered into by  
Principal after the effective date of cancellation. Cancellation is effective 30 days after the Commissioner of  
Commerce and Principal receive written notice from Surety of cancellation. Notwithstanding any such cancellation,  
coverage under this bond remains effective with respect to any franchise agreements entered into by Principal prior  
to the effective date of cancellation.

\_\_\_\_\_  
(Name of Surety) (Name of Franchisor)

By: \_\_\_\_\_ By: \_\_\_\_\_  
(Signature of Attorney in Fact) (Signature of Officer, Partner, or Sole Proprietor)

\*\*\*\*\*

FOR OFFICE USE ONLY

Approved as to form and execution.

\_\_\_\_\_  
Special Assistant Attorney General

\_\_\_\_\_  
Date

**Instructions:**

1. This side is to be completed by a notary public for both the Principal and the Surety.
2. Please attach the **Power of Attorney and Certified Copy of the Corporate Resolution** for the Surety listed herein.

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

**ACKNOWLEDGEMENT OF PRINCIPAL**

**(INDIVIDUAL PROPRIETORSHIP)**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_.  
(Name of Person Acknowledged)

**(CORPORATION)**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_ President of \_\_\_\_\_  
(Name of Corporation President)  
\_\_\_\_\_, a \_\_\_\_\_  
(Name of Corporate Acknowledging) (State of Incorporation)  
corporation, on behalf of the corporation.

**(PARTNERSHIP)**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_, a partner on behalf of  
(Name of Acknowledging Partner)  
\_\_\_\_\_, a partnership.  
(Name of Partnership)

\_\_\_\_\_  
Notary Public

**NOTARY SEAL**

Cty: \_\_\_\_\_ Comm. Exp: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

**ACKNOWLEDGEMENT OF SURETY**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_ of \_\_\_\_\_  
(Name and Title of Officer or Agent)  
\_\_\_\_\_, a \_\_\_\_\_  
(Name of Corporation Acknowledging) (State of Incorporation)  
corporation, on behalf of the corporation.

\_\_\_\_\_  
Notary Public

**NOTARY SEAL**

Cty: \_\_\_\_\_ Comm. Exp: \_\_\_\_\_

# 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.

**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**