

SURETY BOND
MISSISSIPPI DEBT MANAGEMENT SERVICES ACT
STATE OF MISSISSIPPI

BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS, that I/ we _____, as **PRINCIPAL**, and _____, a Company organized and existing under the laws of _____ with its principal place of business located at _____ and duly licensed to do business in the State of Mississippi as **SURETY**, are held and firmly bound unto the State of Mississippi for the sum of Fifty Thousand Dollars (\$50,000.00), for the payment of which, well and truly to be made and done, we bind ourselves, our heirs, executors, successors, administrators, and assigns, jointly and severally by these presents for each licensed office.

WHEREAS, said Principal, as required by the Mississippi Debt Management Services Act (the "Act"), §81-22-1 *et seq.*, Miss. Code Ann., has made application to the Commissioner of the Department of Banking and Consumer Finance of the State of Mississippi for a license to engage in the debt management service business as authorized by said Act, at a place of business located at:

(Street Address)
_____, _____, _____
(City) (County) (State)

and is required by said Act to furnish this bond. Any additions or deletions in number and/or amount of this bond are to be furnished in a rider from the Surety.

NOW, THEREFORE, THE CONDITION OF THE OBLIGATION IS SUCH, that if the said Principal **for the period** from _____ to December 31, 20____ shall well and truly operate its business in conformity with, and shall abide by, the laws of this State regulating a debt management business, and all other applicable statutes of the State of Mississippi, and shall faithfully perform the duties and obligations pertaining to the business so licensed and the prompt payment of any judgment which may be recovered against such Principal on account of damages or other charges arising directly or collectively from any violation of the provisions of the Mississippi Debt Management Services Act, and shall pay and discharge any and all indebtedness for which such Principal may become liable under the provisions of the Mississippi Debt Management Services Act and any other applicable laws, statutes, or regulations of the State of Mississippi, or to any county, municipality or other political subdivision thereof, this obligation shall be void; otherwise this obligation shall remain in full force and effect.

(over)

PROVIDED FURTHER, that this obligation may be continued for any subsequent calendar year by a continuation certificate duly signed and sealed by the Principal and Surety, with any changes in number and amount to be made by the Surety and acknowledged by the Principal.

IN WITNESS WHEREOF, the Principal and Surety have executed this bond on this the _____ day of _____, 20____.

PRINCIPAL: _____

By: _____

STATE OF _____
COUNTY OF _____

Before me, the undersigned authority, a Notary Public, duly commissioned and qualified in and for the County of _____, State of _____, on this _____ day of _____, 20____, personally appeared _____ well known to me to be the person who executed the above and foregoing bond as **PRINCIPAL**, thereon, on the date said instrument bears, and for the purpose and consideration therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal on the day and date first above written.

(Notary Seal)
Public

_____, Notary

My Commission Expires _____

SURETY: _____

By: _____

Attorney in Fact

STATE OF _____
COUNTY OF _____

Before me, the undersigned authority, a Notary Public, duly commissioned and qualified in and for the County of _____, State of _____, on this _____ day of _____, 20____, personally appeared _____ well known to me to be the person who executed and signed the above and foregoing bond as **SURETY**, thereon, on the date the said instrument bears, and for the purpose and consideration therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal on the day and date first above written.

(Notary Seal)

_____, Notary Public

My Commission Expires _____

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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