



**Mississippi Secretary of State's Office  
 Post Office Box 136,  
 Jackson MS 39205-0136  
 (601) 359-1633**

**SURETY BOND NO.** \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS:** That \_\_\_\_\_

\_\_\_\_\_

as principal, and \_\_\_\_\_

\_\_\_\_\_

(Name and Address of Surety)

as surety, are hereby held and firmly bound unto the SECRETARY OF STATE OF MISSISSIPPI, in the penal sum of Ten Thousand Dollars (\$10,000), the payment of which we here by bind ourselves, our heirs, successors, assigns, and legal representatives, jointly and severally. This bond shall run to the SECRETARY OF STATE OF MISSISSIPPI for the use of the State and to any person who may have a cause of action against the principal of the bond for any malfeasance or misfeasance in the conduct of the solicitation of charitable contributions as defined by Miss. Code Ann. §79-11-501, et seq. (Supp. 1997)

The conditions of this obligation are those imposed on the above-bound principal by the Miss. Code Ann. §79-11-529 (Supp. 1997) and the Mississippi Charities Act Rules.

Now therefore, in such event that the principal herein shall comply with all laws and rules of the State of Mississippi relating to professional fund-raisers as defined by Miss. Code Ann. §79-11-501(g) (Supp. 1997) then this obligation is void, otherwise, the same shall remain in full force and effect for a period of one (1) year, or a part thereof, expiring on the thirtieth day of June, 20\_\_\_\_.

WITNESS, the signature of said principal and surety on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 (Principal)

By \_\_\_\_\_

\_\_\_\_\_  
 (Surety)

By \_\_\_\_\_

**NOTE: Attach certified copy of certificate of attorney-in-fact, or of such other official of the surety authorizing execution.**

# 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**