NOTARY BOND - MISSOURI	Bond
KNOW ALL BY THESE PRESENTS, That we,as Principal and	
of as Surety are held and firmly THOUSAND DOLLARS to the payment whereof, well and truly to be mad jointly and severally, firmly by these presents, sealed with our seals, and dated at	de, we bind ourselves, our heirs, executors administrators,
Missouri, this day of	,
THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH, That WHEREA	S, the above bounden
	has been appointed
and commissioned by the Secretary of the State of Missouri to the office of Notary	Public, within and for the
in the State of Missouri, his commission bearing date the	day of,
NOW, IF THE SAID	is obligation shall be void, but otherwise of full force and
	(Seal)
	(Seal) By
Approved this day of	Attorney-in-Fact
	Clerk
	By Deputy
Subscribed and sworn to before me, this day of	,,,
at	
WITNESS my hand and the seal of the	the date last aforesaid.
	Clerk
	Deputy Clerk

000099 12/00

Γ

			Bond	
STATE OF MISSOURI	} ss			
I,			Court,	
of		, do hereby	v certify that the within Bond w	as duly filed for record
in my office on the	day of		,,	and is truly recorded in
Record No.		of Notarie	s Commissions and Bonds, Pag	
IN WITNESS WHEREOF, I have hereunto set	t my hand and affixed the se	eal of said Court,	at office, in	
of	,	this	day of	,
		By		Clerk Deputy

Bond forms change; this is for educational purposes only.

Surety Bond Application

AGENCY PHONE: AGENCY ADDRESS: CURRENT OR EXPIRING QUOT IAME OF PREVIOUS SURETY (SECTION I: BOND APPLIE Type of Bond:						
URRENT OR EXPIRING QUOT IAME OF PREVIOUS SURETY (<u>SECTION I:</u> BOND APPLIE		City:		State		
URRENT OR EXPIRING QUOT IAME OF PREVIOUS SURETY (<u>SECTION I:</u> BOND APPLIE				State		Zip:
SECTION I: BOND APPLIE		OKING TO BEA	T?			
SECTION I: BOND APPLIE	COMPANY WR	ITING THE BON	ND?			
ype of Bond:						
		Effect	tive Date:		Expiration Date	:
ype of Company CORP LL		PARTNERSHI	Р 🗌	Bond Amount:		
Obligee):						
Obligee Address						
SECTION II: GENERAL INF	ORMATION					
Applicant's Name:			Spouse Name			
SS#:	Spouse SS#:			Home Pl	none: <u>(</u>)	
Residence Address:		City:		State:		Zip:
Business Name:						
Business Phone: ()					il:	
Business Address:		City:		State:		Zip:
Date Business BEGAN under pre	sent Individual	or Firm Name:		BUS	NESS TAX ID:	
SECTION III: ADDITIONA	ES TO ANY, PI AL OWNERS O	EASE EXPLAIN	NON A SEPERAN S	RATE SHEET O		PTCY? YES 📋 NO
IAME:		SPOUSE				
SS#:		SPOUSE				E:
IOME ADDRESS:		City:		State:		Zip:
PERSONAL FINANCIAL		IAN ONE OWNE				<u>ATION)</u>
ASSE					IABILITIES	•
CASH IN BANK CASH ON HAND						
STOCKS AND BONDS			NOTES TO OTHERS (excl. of equipment ACCOUNTS PAYABLE			
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DU		ME TAX DUE		
NOTES RECEIVABLE			ALL OTHER TAXES ACCRUALS, PAYROLLS, ETC.			
INVENTORY CASH VALUE LIFE INSURANO)F		ACCRUAL	S, PATROLLS, I	=10.	
EQUIPMENT			DUE ON E	QUIPMENT		
REAL ESTATE			DUE ON REAL ESTATE			
OTHER ASSETS			OTHER LIABILITIES			
		CAPITAL STOCK (if a corporation) SURPLUS AND UNDIVIDED PROFI				
			SURPLUS		D PROFIIS	
TOTAL ASSETS			TOTAL LIA	BILITIES		
			NET WOR	TH		
Name of Owners		Name and	Title of Office	ers	% OWNERSH	IIP IN COMPANY
COMPLETION OF THIS FORM CONSTI	TUTES PERMISSI	ON FOR WORLDWI	DE INSURANCE S	SPECIALISTS INC. 1	TO OBTAIN CONSU	UMER INFORMATION WHICH
WILL BE USED TO DET		G ELIGIBILITY. THI ANCING WILL BE A	IS INFORMATIO	N WILL BE HELD IN	NTHE STRICTEST	CONFIDENCE

Worldwide Insurance Specialists, Inc Toll I 2424 W. Missouri AVE Loc Phoenix, AZ 85015 Fa E-Mail WWIS@WWISINC.COM

Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235