



STATE OF MONTANA • DEPARTMENT OF ADMINISTRATION  
**DIVISION OF BANKING AND FINANCIAL INSTITUTIONS**  
301 South Park, Suite 316 • PO Box 200546 • Helena, MT 59620-0546  
Phone: 406-841-2920 • Fax: 406-841-2930  
Website: [www.banking.mt.gov](http://www.banking.mt.gov)

## MONTANA MORTGAGE BROKER LICENSEE SURETY BOND

Date: \_\_\_\_\_ Bond No. \_\_\_\_\_

\_\_\_\_\_  
(insert company's full legal name) with NMLSR Unique Identifier of \_\_\_\_\_, as principal, and \_\_\_\_\_, a corporation authorized to transact surety business in the State of Montana, as surety, are held and firmly bound unto the State of Montana in the full penal sum of \_\_\_\_\_ dollars lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents.

WHEREAS, the above named principal has applied to the Montana Division of Banking and Financial Institutions (Division) for a license to engage in the business of making residential mortgage loans under the Montana Mortgage Act (MMA), Title 32, Chapter 9, Part 1 of the Montana Code Annotated, as amended.

NOW, THEREFORE, the condition of the foregoing obligation is such that if the principal obligor, its agents, employees, and independent contractors shall comply with the provisions of the MMA, all regulations duly promulgated thereunder, and all other laws applicable to the conduct of its business, and shall pay any and all monies that may become due and owing to the State of Montana which shall include, but not be limited to

monies owed for examination fees, fines, or civil penalties under and by virtue of the provisions of the MMA or the rules of the Division, and shall pay any and all monies that may become due and owing any person due to the violation of any such laws and regulations by the principal through its own acts or the acts of any employee, agent, or independent contractor of the principal, then this obligation will be void: otherwise the same will remain in full force and effect.

This bond is subject to the following conditions:

1. The total aggregate liability of the surety herein shall be limited to the payment of \_\_\_\_\_ (\$ \_\_\_\_\_).

2. The surety may cancel this bond by giving 30 days written notification to the principal and to the Commissioner of the Division at: P.O. Box 200546, Helena, Montana 59620-0546.

3. In the event the principal under this bond is served with notice of any action commenced against principal under the bond, the principal shall within 30 days after the commencement of the action or within 30 days after the entry of judgment, give written notice of the filing to the Division.

4. In the event the surety makes full or partial payment on this bond, surety shall within ten days after it pays any claim or judgment give written notice of the payment to the Division.

5. The effective date of this bond shall be \_\_\_\_\_.

IN WITNESS WHEREOF, the signatures of the principal and surety are hereto affixed and attested by its duly authorized representatives this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Note:** A person other than a corporate officer of the surety executing in the surety's behalf must attach the power of attorney authorizing the person to execute bonds for the surety.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

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

*(Corporate Seal of the Surety)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

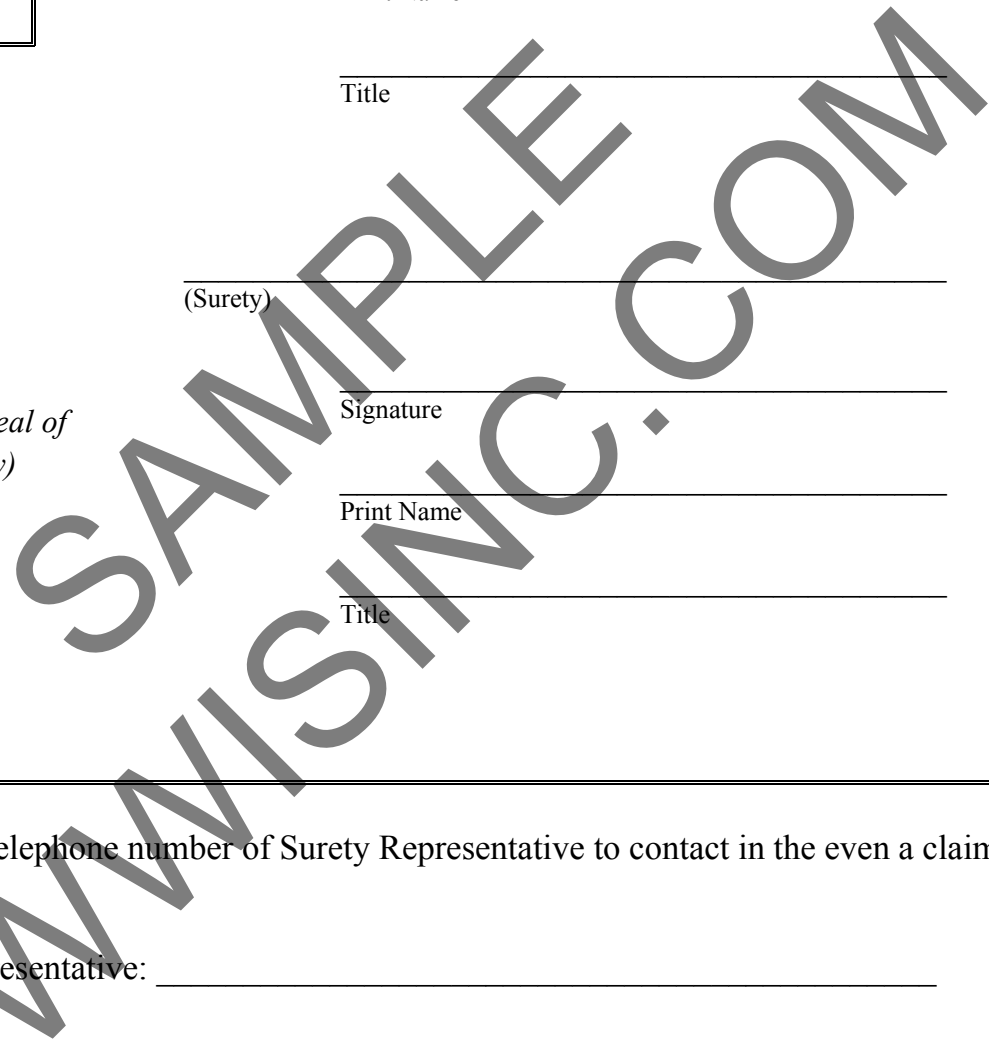
Name, address, and telephone number of Surety Representative to contact in the event a claim must be filed:

Name of Surety Representative: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## SURETY BOND APPLICATION

AGENCY NAME: \_\_\_\_\_ AGENCY CONTACT \_\_\_\_\_  
 AGENCY PHONE: \_\_\_\_\_ AGENCY FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 AGENCY ADDRESS: \_\_\_\_\_  
(Street) (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: \_\_\_\_\_ AMOUNT: \_\_\_\_\_  
 OBLIGEE: \_\_\_\_\_ EFF. DATE: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_  
 OBLIGEE ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 BUSINESS NAME: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_ Client E-mail \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 TYPE OF COMPANY CORP  LLC  DBA  PARTNERSHIP  HOW MANY OWNERS? \_\_\_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_ BUSINESS TAX ID: \_\_\_\_\_  
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES  NO  DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES  NO   
 HAS APPLICANT EVER FAILED IN BUSINESS? YES  NO  HAS APPLICANT EVER FILED BANKRUPTCY? YES  NO

**SECTION II: GENERAL INFORMATION**

OWNER'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
 ADDITIONAL OWNERS / PARTNERS  
 OWNER'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF \_\_\_\_\_**

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

**Worldwide Insurance Specialists, Inc**      **Toll Free: (888) 518-8011**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                          **Fax: (602) 674-8235**  
**E-Mail SAM@WWISINC.COM**