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GENERAL NOTARY PUBLIC BOND FORM.....

KNOW ALL MEN BY THESE PRESENTS:		
THAT		
Of the town of, has been appointed Gene for said State of Nebraska, as principal, and	in the county of eral Notary Public or has applied to be a Gene	and eral Notary Public within and
the State of Nebraska in the penal sum of <u>FIFTER</u> to be paid to the State of Nebraska, for which pay administrators, jointly and severally by these pres	EN THOUSAND DOLLARS, good and lawful yment well and truly made, we bind ourselves	
Whereas, the above principal has been appointed Notary Public within and for said State of Nebrasl		
Now the conditions of the above obligation are suduties required of him/her by law as a General No continuance in office by virtue of said appointment	otary Public within and for said State of Nebra	iska, during his/her
SEALED WITH OUR SEALS, and dated this	day of Signature of Principal (Ap	tilicent)
	Signature of Agent*	pilicant)
*The bond must be signed by an agent of the bor	nding company.	
STATE OF		
"I,	at of my ability. And I do further swear that I do not a coverthrow of the government of the United States tion I will not advocate nor become a member of ar	n the duties of the office of advocate, nor am I a member or of this State by force or ny political party or organization
	Signature of Principal (Applicant)	
to be the same person designated as principal in the a general notary public.	personally appeared before me and is know e foregoing bond and the identical person signin	
Subscribed and sworn to before me this	day of	, 20
^Affix Official Notary Seal^	Notary Public	

SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	\СТ	
AGENCY PHONE:	AGENCY FA	AGENCY FAX: E-MAIL:			
AGENCY ADDRESS:					
(Street)	TO DOUBLE TO DEAT		(City)	(State)	(Zip)
CURRENT OR EXPIRING QUOTE WE AF	E LOOKING TO BEAT?				
NAME OF PREVIOUS SURETY COMPAN	IY WRITING THE BOND	?			
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		AMOUNT:			
OBLICEE:			EXP.DA		
OBLIGEE ADDRESS: (Street)					
BUSINESS NAME:		(City)	(State)		(Zip)
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail		
BUSINESS ADDRESS:					
TYPE OF COMPANY CORP LLC	DBA PARTNERS	(City) HIP HOW MANY ((State) DWNERS?		(Zip)
DATE BUSINESS ESTABLISHED:	BUSIN	NESS TAX ID:			
HAS ANY COMPANY REFUSED TO ISSUE	YES NO DO	YOU HAVE ANY LII		SEMENTS	YES 🗆 NO 🗖
BONDS FOR ANY PURPOSE? HAS APPLICANT EVER FAILED IN BUSINI		SAINST YOU?	7 FU FD DANKDURTOV	·0	YES NO
TIAG ALT EIGANT EVERT AILED IN BOOM	-00: 123 NO HA	AS APPLICANT EVE	R FILED BANKRUPTUT	•	
SECTION II: GENERAL INFORMATION	9	SPOUSE NAME			
OWNER'S NAME:SP:	OUSE SS#		ME DHONE:		
RESIDENTIAL ADDRESS:		10	MIL 1 11014L.		
(Street)		(City)	(State)		(Zip)
ADDITIONAL OWNERS / PARTNERS OWNER'S NAME:	5	SPOUSE NAME			
SS#:SP			ME PHONE:		
RESIDENTIAL ADDRESS:					
(Street)		(City)	(State)		(Zip)
	ICIALSTATEMENT OF A				
ASSETS CASH IN BANK		LIABILITII NOTES PAYABLE			
CASH IN BANK	\$	NOTES PAYABLE		\$	
STOCKS & BONDS	\$ \$	ACCOUNTS PAYA		\$	
ACCOUNTS RECEIVABLE	\$		E 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)		\$	
O THE TROOP IS	\$	SURPLUS & UNDIVIDED PROFITS \$			
				 	
TOTAL ASSETS	s	TOTAL LIABILITIE	:S	\$	
		NET WORTH		s	
NAME OF OWNERS	NAME & TITLE O	NAME & TITLE OF OFFICERS		PERCENTAGE OF OWNERSHIP	
THE OF OTHER	TOTAL GITTLE C	. 31110210			
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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 2424 W. Missouri AVE Phoenix, AZ 85015 Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235