

Surety Bond

State of _____

County/City of _____

Bond required by the Charitable Registration and Investigation Act of 1994 (CRI Act), N.J.S.A 45:17A-27(g)

KNOW ALL PEOPLE BY THIS DOCUMENT: THAT _____, as surety, _____ as principal, with principal office and place of business located at _____ and operating as an independent professional fund raiser or fund raising counsel and _____ a _____ corporation authorized or admitted to do business in New Jersey, are held and firmly bound unto the Attorney General of the State of New Jersey, and to any person who may have a cause of action against the Principal for any violation of the CRI Act by the Principal as an independent paid fund raiser or fund raising counsel or solicitor, agent or employee of said principal in the amount of Twenty Thousand Dollars (\$20,000.00), lawful money of the United States of America, to be paid to the Attorney General of the State of New Jersey for the use of the State of New Jersey, and to any person who may have a cause of action against the Principal for any violation of the CRI Act by the Principal as an independent paid fund raiser or fund raising counsel or by a solicitor, agent or employee of said Principal as their interests may appear, not exceeding in the aggregate the said sum of the Twenty Thousand Dollars (\$20,000.00) for which payment well and truly to be made Principal and Surety hereby bind themselves, their heirs, administrators, executors, successors and assigns, jointly and severally by these presents.

WHEREAS, pursuant to the CRI Act, section 27, subsection g, paragraph (1), Principal has applied to the Attorney General for registration as an independent paid fund raiser or fund raising counsel for a charitable organization required to register pursuant the CRI Act, and whereas the CRI ACT section 27, subsection g, paragraph (1) requires this principal to be registered with the Attorney General and to deposit a bond in the amount of twenty thousand dollars (\$20,000.00).

NOW, THEREFORE, the condition of this obligation is such, that if the Attorney General of the State of New Jersey shall register the above bonded Principal as such independent paid fund raiser or fund raising counsel and said Principal shall faithfully and honestly act as such independent paid fund raiser or fund raising counsel in accordance with the law, and said Principal fully complies with the provisions of the Charitable Registration and Investigation Act of 1994, and said Principal shall fully indemnify and hold harmless from loss the State of New Jersey and any person who may have a cause of action against said Principal for any violation of the CRI Act as such independent paid fund raiser or fund raising counsel then this obligation is to be void, otherwise to remain in full force and virtue.

This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted. In no event shall the aggregate liability of the surety for all claims under this bond exceed the amount of this bond.

This bond shall become effective on the _____ day of _____, at twelve and one minute o'clock a.m., Eastern Time, and continues in effect until the Surety withdraws from this bond by giving 60 days advance written notice by registered mail to the New Jersey Division of Consumer Affairs, Charitable Registration and Investigation Section, P.O. Box 45021, Newark, New Jersey 07101. The 90 days shall begin to run on the day following the Division of Consumer Affairs' receipt of the notice.

The Surety hereby stipulates and agrees that no amendment or modification of the CRI Act shall in any way affect the obligation of the Surety on this bond

In order to draw funds on this bond, the Director of the Division of Consumer Affairs shall present the following document to the Surety:

AFFIDAVIT SWORN TO AND SIGNED BY THE DIRECTOR OF THE DIVISION OF CONSUMER AFFAIRS OF THE STATE OF NEW JERSEY, STATING THAT, _____ HAS VIOLATED THE CHARITABLE REGISTRATION AND INVESTIGATION ACT OF 1994 AND A PERSON HAS BEEN DAMAGED OR SUFFERED A LOSS BY REASON OF SUCH VIOLATION.

Signed, sealed and dated this _____ day of _____

(seal)

Principal

(seal)

Surety

Address of surety

By _____

Signed and acknowledged by Surety's agent

beforeme this day of _____

My commission expires

(Notary Public)

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General Information About Bond Requirements CRI-500B

The Charitable Registration and Investigation Act of 1994, N.J.S.A. 45:17A-27(g) states:

"If either a fund raising counsel or independent paid fund raiser at any time has or intends to have custody, control, or access to a charitable organization's money, that fund raising counsel or independent paid fund raiser shall:

(1) At the time of making application for registration, file with the Attorney General a bond in which it shall be the principal obligor, which shall for the initial application be in the sum of \$20,000 and thereafter shall be an amount prescribed by a rule adopted by the Attorney General pursuant to subsection f. of section 4 of this act. The bond shall provide for one or more sureties whose liability in the aggregate shall at least equal that sum. The fund raising counsel or independent paid fund raiser shall maintain the bond in effect during the entire period of registration. The bond shall be payable to the Attorney General for the benefit of any person who may have a cause of action against the principal obligor of the bond for any violation of this act."

NOTE: This bond form is furnished to you only for your information and convenience. The form may be changed provided that:.

1. The purpose remains to provide security for the use of any person who is damaged or suffers any loss in connection with a violation of the Charitable Registration and Investigation Act of 1994, by the principal,
2. It is executed to the State of New Jersey,
3. It is for the amount required by law (\$20,000) and
4. It provides for sixty days advance notice to the New Jersey Division of Consumer Affairs Charitable Registration Section if the surety withdraws from this bond.

I. Instructions for the preparation and execution of this bond

- A. The legal name of principal on the bond should be full and correctly stated and should precisely agree with name of applicant on its certificate of trade or articles of incorporation. (Any material variation may delay acceptance of bond.)
- B. The name in which business is conducted should follow the name or names of the principal where the applicant does business under a fictitious name.

Examples:

Individual operating in own name: "John Doe"

Individual operating in another name: "John Doe d/b/a Independent Paid Fund Raiser or Fund Raising Counsel"

Partners operating in another name: "John Doe, Mary Doe, and Richard Doe d/b/a Independent Paid Fund Raiser or Fund Raising Counsel"

Corporation operating in own name: "Independent Paid Fund Raisers, Inc. or Fund Raising Counsel, Inc."

Corporation operating in another name: "Fund Raisers, Inc. d/b/a Maximum Funds"

II. Execution by principal

If the principal of this bond is:

- A. An individual; this bond must be signed by the individual.
- B. A partnership; this bond must be executed in the name of the partnership, and must be signed by at least one of the partners.
- C. A corporation; this bond must be executed in the name of the corporation, by its President or Vice President, with impression of corporate seal affixed, and attested by Secretary or Assistant Secretary of the corporation.

III. Execution by surety

- A. This bond must be executed by a properly authorized person, whose title should be shown, with impression of the corporate seal of the surety affixed; and
- B. Attach original or certified copy of Power of Attorney authorizing said execution.

IV. Submit all original documents to:

New Jersey Division of Consumer Affairs
Charitable Registration and Investigation Section
P.O. Box 45021
Newark, New Jersey 07101

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	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP	

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 E-Mail SAM@WWISINC.COM	Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235
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