

# BOND

WHEREAS, application has been made to the Commissioner of Banking and Insurance of the State of New Jersey by

If an individual or a partnership, insert full name(s) and, if applicable, the words "trading under the name of" or "doing business as"

having its principal office at \_\_\_\_\_ in the county of \_\_\_\_\_ in the State of \_\_\_\_\_ or \_\_\_\_\_ if a corporation, insert name, and add the words "a corporation of the State of"

having its principal office at \_\_\_\_\_ in the county of \_\_\_\_\_ in the State of \_\_\_\_\_ for a license to engage in business pursuant to the provisions of N.J.S.A. 17:11C-51 et seq. as a \_\_\_\_\_ Residential Mortgage Lender or \_\_\_\_\_ Correspondent Residential Mortgage Lender or \_\_\_\_\_ Residential Mortgage Broker  
**(Indicate applicable license type)**

WHEREAS, every licensee shall file with the Commissioner a surety bond in the principal sum of \_\_\_\_\_, said bond to be issued by a surety company authorized to transact business in the State of New Jersey; now, therefore

KNOW ALL MEN BY THESE PRESENTS, that \_\_\_\_\_

(Name of Licensee)

as a principal, and \_\_\_\_\_ of the City of \_\_\_\_\_,  
(Name of Surety Company)

County of \_\_\_\_\_, State of \_\_\_\_\_ as surety, are held and firmly bound unto the State of New Jersey for the use and benefit of any person injured by the wrongful act, default, fraud or misrepresentation of the business licensee, or its qualifying individual licensees, and all mortgage loan originators, other employees, and agents under and by virtue of the provisions of the Residential Mortgage Lending Act, N.J.S.A. 17:11C-51 et seq., in the principal sum of \_\_\_\_\_, for the payment of which, will and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

THE CONDITIONS OF THIS OBLIGATION are such that if the licensee will faithfully comply with and abide by the provisions of N.J.S.A. 17:11C-51 et seq. and all rules and regulations promulgated pursuant thereto and will commit no wrongful act, default, omission, fraud or misrepresentation, and perform all obligations and undertakings honestly, fairly, equitably and efficiently when engaging in the first or second mortgage lending business in this State and will pay to the State any and all money that may become due and owing to the State under and by virtue of the provisions of N.J.S.A. 17:11C-51 et seq., then this obligation will be void; otherwise, it will remain in full force and effect. This bond shall continue in full force and effect indefinitely subject, however, to cancellation. If the surety herein shall so elect, this bond may be cancelled at any time by filing with the commissioner a 30 day written notice of such cancellation, but said surety so filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue before the expiration of said 30 day period.

Regardless of the number of years this bond remains in force, the aggregate liability of the surety hereunder for any and all claims in no event shall exceed the full penal sum hereof.

IN WITNESS WHEREOF, we have executed the foregoing obligation this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_ to be effective on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed, sealed and delivered in the presence of

\_\_\_\_\_  
(Name of Licensee)

(Seal, if Corporation)

\_\_\_\_\_  
(.....President, if Corporation)

Attest \_\_\_\_\_

\_\_\_\_\_  
(Witness, if Sole Proprietor or Partnership)

\_\_\_\_\_  
(Partner)

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

By: \_\_\_\_\_  
(Attorney in fact)

## 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.

<b>Worldwide Insurance Specialists, Inc</b> 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail <a href="mailto:SAM@WWISINC.COM">SAM@WWISINC.COM</a>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
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