
STATE OF NEW MEXICO

Office of Superintendent of Insurance

Producer Licensing Bureau

1120 Paseo de Peralta, PO Box 1689, Santa Fe, New Mexico 87504
Telephone (505) 827-4601 - Fax (505) 827-4373

INDEPENDENT ADJUSTER SURETY BOND

Bond Number: _____

KNOW ALL MEN BY THESE PRESENTS, That I, _____
(Social Security Number) _____ whose residence is _____ and place of
business is _____,
as Principal, and _____ as Surety,
are held and firmly bound unto the State of New Mexico, Division of Insurance ("Division") as Obligee, or its successors in office, in
the penal sum of TEN THOUSAND dollars (\$10,000), lawful money of the United States of America, for payment of which well and
truly to be made, we bind ourselves, and our and each each of our heirs, executors, administrators, successors, and assign jointly
and severally, firmly by these presents:

This bond shall become effective _____, and will remain in force until cancelled.

NOW, THEREFORE, the condition of the obligation is such that the above bounded principal is granted a license as an independent
adjuster and complies with the provisions of the New Mexico Insurance Code pertaining to insurance adjusters, then this obligation
is to be null and void; otherwise, it shall remain in full force and effect. This bond shall be in favor of the Division and shall
specifically authorize recovery by the Division of the damages sustained in case the licensee is guilty of law violations or unfair
practices, or other... in connection with his or her business as an Independent Adjuster.

IT IS MUTUALLY AGREED AND UNDERSTOOD BETWEEN ALL PARTIES HERETO, that the aggregate liability of Surety shall not exceed
the penal sum of the bond; this bond is continuous in form and, and if the Surety shall so elect, this bond may be cancelled thirty
(30) days from the date of receipt of written notice of such cancellation from Surety to the Agent Licensing Bureau of the New
Mexico Insurance Division.

Principal Signature _____

Date _____

Surety (Name of Insurance Company) _____

Signature of Attorney-in-Fact _____

Date _____

Name and Address of Licensed Agent (Must be currently appointed by above Surety) _____

License Number _____

SURETY COMPANY MUST BE AUTHORIZED TO TRANSACT BUSINESS IN NEW MEXICO
POWER OF ATTORNEY MUST BE ATTACHED
Independent Adjuster Bond Form

Revised November 2011

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 **Toll Free: (888) 518-8011**
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