



FINANCIAL INSTITUTIONS DIVISION

New Mexico Regulation and Licensing Department
Toney Anaya Building • 2550 Cerrillos Road • Santa Fe, New Mexico 87505
(505) 476-4885 • Fax (505) 476-4670 • www.RLD.state.nm.us/FID

MORTGAGE LOAN COMPANY CORPORATE SURETY BOND

KNOW ALL MEN BY THESE PRESENT:

THAT WE, _____, as Principal, having filed with the Director of the Financial Institutions Division (the "Director") for licensure under the Mortgage Loan Company Act (the "Act"), and _____ as Surety, a corporation organized under the laws of the State of _____ and being duly authorized to transact the business of indemnity and suretyship in the State of New Mexico (the "State"), hereby acknowledge our indebtedness to the State for the use and benefit of any person(s) having a claim under the conditions of this obligation, in the initial sum of Fifty thousand dollars (\$50,000) (the "Sum"). Upon renewal of the license, the penal sum of the surety bond shall be in an amount that reflects the total dollar amount of mortgage loans originated annually in New Mexico by the licensed mortgage loan company, as follows: (1) zero dollars (\$0.00) to three million dollars (\$3,000,000), a surety bond of fifty thousand dollars (\$50,000); (2) more than three million dollars (\$3,000,000) and less than ten million dollars (\$10,000,000), a surety bond of one hundred thousand dollars (\$100,000); and (3) ten million dollars (\$10,000,000) or more, a surety bond of one hundred fifty thousand dollars (\$150,000) as required by the Act, provided, however, that the total liability of the Surety hereunder to all persons, cumulative or otherwise, shall not exceed the Sum.

LIABILITY for the payment of the Sum, to which we hereby obligate and bind ourselves, our successors and assigns, jointly and severally, upon the conditions that the Principal becomes licensed with the Director to transact business as a Mortgage Loan Company and fails to strictly comply with the provisions of the Act and all orders, rules and regulations issued pursuant to the Act.

THIS BOND shall expire at such time as the Principal's license is withdrawn, terminates through non-renewal or is revoked by the Director, except as to liability for acts or omissions which occur prior to such time. This Bond may also be canceled by the Surety upon thirty (30) days written notice by certified mail to the Principal and to the Director, in which case this Bond shall be deemed canceled upon the expiration of 30 days from receipt by the Director of such written notice along with adequate proof of notice to the Principal, except as to liability for acts or omissions which occur prior to the date of cancellation.

ANY PERSON suffering loss or damages as a result of the Principal's failure to comply with the provisions of the Act and all orders, rules and regulations issued pursuant to the Act shall have the right to bring suit on this Bond in a court of competent jurisdiction provided that no such suit may be brought later than six years from the date of the act or omission upon which liability is based.

EXECUTED this _____, _____, _____.
Day Month Year

Print legibly where indicated or fill out in your computer. Note: A person other than a corporate officer of the Surety executing in the Surety's behalf must attach the power of attorney authorizing such person to execute bonds for the Surety.

Bond Amount. _____ Bond No. _____

Principal's name (print): _____

By (Authorized Signature): _____

Principal's Phone number _____

Surety's name (print): _____

By (Authorized Signature): _____

Surety's phone number: _____

Corporate Seal (if applicable)

Revision date: 07/2009

Bond forms change; this is for educational purposes only

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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