

.....**ADJUSTER'S BOND**

BOND NO. _____

\$1,000

KNOW ALL MEN BY THESE PRESENTS

THAT _____ **of** _____

as Principal, and _____, as Surety are held and firmly bound unto the PEOPLE OF THE STATE OF NEW YORK in the penal sum of ONE THOUSAND DOLLARS (\$1,000), for the payment of which sum the said Principal and Surety bind themselves, their legal representatives, successors and assigns, jointly and severally, by these presents.

Signed, sealed, and dated this _____ day of _____, SSS_____.

WHEREAS, pursuant to Section 2108 of the Insurance Law of the State of New York, amended, said Principal has made or is about to make application to the Superintendent of Financial Services of the State of New York for a license to transact business as (SSA PUBLIC) fSS5 B INDEPENDENT) Adjuster for the term beginning on or after _____ SSSSSS and expiring December 31, SSSS_____; and

WHEREAS, pursuant to said Section 2108 of the Insurance Law, the Principal has made, or may, if a firm, association, or corporation, make application to have certain individuals named in said license as sub-licensees; and

WHEREAS, under said Section 2108 of the Insurance Law, such a license may not be issued unless a bond as therein conditioned is filed with the Superintendent of Financial Services.

NOW, THEREFORE, the condition of this bond is such that if the Principal and all sub-licensees named in the (SSPUBLIC) (SSINDEPENDENT) Adjuster's license issued to the Principal for the term as aforesaid shall, during said term, faithfully perform their duties as (SSPUBLIC) (SSINDEPENDENT) Adjuster, then this bond shall be null and void; otherwise to remain in full force and virtue.

Recovery of the penal sum of this bond by the PEOPLE OF THE STATE OF NEW YORK is specifically authorized in case the (SSPUBLIC) (SSINDEPENDENT) Adjuster, or any sub-licensee, shall have been guilty of fraudulent or dishonest practices in connection with the transaction of his or its business as (SSA PUBLIC) (SSAN INDEPENDENT) Adjuster during the license period for which this bond is issued or shall have been convicted under any of the Sections contained in Article 150 of the Penal Law for an offense or offenses committed during such license period.

This bond is subject to any and all Regulations newly promulgated after the effective date of the bond.

Principal's Signature (L.S.)

Surety's Signature (L.S.)

By _____

(Acknowledged by Surety
and Principal)

Each bond must include a Power of Attorney, a completed Surety Acknowledgement and a completed Principal Acknowledgement. (See samples on reverse side.) Signatures of the principals on the Power of Attorney and acknowledgements cannot be dated prior to the date of the bond

NOTE: BOND MUST SPECIFY EITHER INDEPENDENT OR PUBLIC ADJUSTER

*******ACKNOWLEDGEMENTS**
SURETY ACKNOWLEDGEMENT

State of _____
County of _____

On _____, before me personally came _____
to me known who being by me duly sworn did depose and say that he/she resides in _____

_____,
that he/she is Attorney-in-Fact of _____,
the corporation described in and which executed the above instrument; that he/she knows the seal of
said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed
by order of the Board of Directors of said corporation, and that he/she signed his/her name thereto by
like order; and the affiant did further depose and say that the Superintendent of Financial Services of
the State of New York, has, pursuant to Section 1111 of the Insurance Law of the State of New York,
issued to _____
his/her certificate of qualification, evidencing the qualification of said Company and its sufficiency under
any law of the State of New York as surety and guarantor, and the propriety of accepting and approving it
as such; and that such certificate has not been revoked.

Notary Public

To be completed when the applicant is an individual, partnership, or limited liability company:

**PRINCIPAL'S ACKNOWLEDGEMENT - IF INDIVIDUAL,
PARTNERSHIP OR LIMITED LIABILITY COMPANY**

State of _____
County of _____

On _____, before me personally appeared _____
to me known to be (the individual) (one of the members of _____)
described in and who executed the within instrument, and he/she thereupon duly acknowledged to me that
he/she executed the same (as the act and deed of said partnership or limited liability company).

Notary Public

To be completed when the applicant is a corporation:

CORPORATION ACKNOWLEDGEMENT

State of _____
County of _____

On _____, before me personally came _____
to me known, who being by me duly sworn, did depose and say; that he/she resides in _____
_____, that he/she is
the _____ of _____

_____, the corporation described in and which
executed the above instrument; that he/she knows the seal of said corporation; that the seal affixed to
said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of
said corporation, and that he/she signed his/her name thereto by like order.

Notary Public



ADJUSTER BOND INSTRUCTIONS

The Name on the Bond must agree with the name of the applicant.

Bond must be in the amount of \$1,000.

Bond must be effective for the current licensing period.

Bond must be signed by Principal and the Attorney-In-Fact.

There must be an Acknowledgement completed and notarized on behalf of the Principal and a Surety Acknowledgement completed and notarized on behalf of the Attorney-in-Fact.

The surety and principal/corporate acknowledgements must be dated the same date or after the date of the bond.

There must be a Power of Attorney page. The Attorney-In-Fact must be listed in the Power of Attorney.

The date of the Power of Attorney must be the same date or after the date of the Surety Acknowledgment.

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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