

COLLECTION AGENCY BOND "*****"

KNOW ALL MEN BY THESE PRESENTS

That we, _____, principal, and _____ aaaa _____, a corporation duly authorized to do business in the City of Buffalo, County of Erie and State of New York, surety, are held and firmly bound unto the City of Buffalo in the penal sum of \$5,000.00, lawful money of the United States of America, to be paid to said City of Buffalo, its certain attorney or assigns, for which payment, well and truly to be made, said principal and surety bind themselves, their and each of their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED with our seals, and dated this _____ day of _____, in the year our Lord aa _____.

WHEREAS, the above-bounden principal _____, has applied to the City of Buffalo for a collection agency license pursuant to the provisions of Chapter 140 of the Code of the City of Buffalo and said chapter requires this bond as a condition of granting such license;

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH that if said principal, _____ aaaaa _____, shall in all things well and truly and faithfully comply with the provisions of Chapter 140 of the Code of the City of Buffalo, as amended, relating to collection agencies and shall pay all damages occasioned to any person by reason of any misstatement, misrepresentation, fraud or deceit or any unlawful act or omission of said _____ aaaaa _____, his agents or employees, while acting within the scope of their employment made committed or omitted in the business conducted under such license or caused by any other violation of said chapter in carrying on the business for which such license is granted, then obligation shall be void; otherwise to be and remain in full force and effect; provided, however, and it is expressly understood and agreed, that any person, co-partnership, association or corporation damaged by reason of the failure of the principal to perform and fulfill the foregoing conditions of this bond may maintain an action to recover such damages against obligors in this bond in the same manner as though any such person, copartner ship, association or corporation were specifically named therein, provided that such action is brought within one year after the time the cause of actions accrued.

_____ [L.S.]

State of New York
County of Erie
City of Buffalo } ss.

On the _____ day of _____ 20 _____ before me came
_____ to me
personally known to be the individual described in and who executed the
foregoing bond, and he acknowledged to me that he executed the same.

Commissioner of Deeds, Buffalo, N.Y.
Notary Public, Erie Co., N.Y.

State of New York
County of Erie
City of Buffalo } ss.

On the _____ day of ____aa____ aa____ before me personally came
_____ to me known who,
being by me duly sworn, did depose and say that he resided in
_____ ; that he is the _____

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

Commissioner of Deeds, Buffalo, N.Y.
Notary Public, Erie Co., N.Y.

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.

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