

EXECUTIVE LAW ARTICLE 21-B SURETY BOND

BOND NO. _____

DATE OF BOND: _____, 20____

Check applicable category(ies): ___ Manufacturer of Manufactured Homes ___ Retailer of Manufactured Homes
 ___ Installer of Manufactured Homes ___ Mechanic of Manufactured Homes

KNOW ALL PERSONS BY THESE PRESENTS, that

WHEREAS, the undersigned _____, (Name of Principal)

(If the Principal is a person, complete this part) an individual residing at _____

_____ and having his/her principal place of business at _____

(If the Principal is a Business Entity complete this part) a _____ organized under the Laws of the
(Specify entity type, e.g. corporation, limited liability company, limited partnership)

State of _____ and having its principal place of business at _____

(hereinafter referred to as "Principal") has applied to the New York State Department of State for certification pursuant to Article 21-B of the Executive Law (hereinafter referred to as "Article 21-B") and Part 1210 of Title 19 of the NYCRR (hereinafter referred to as "Part 1210") in the category or categories checked above, and has received or is about to receive such certification(s); and

WHEREAS, the undersigned _____, (Name of Surety)

a corporation organized under the Laws of the State of _____ and authorized to transact business as a surety in the State of New York, having its principal place of business at _____

(hereinafter referred to as "Surety") is willing to act as surety on this Bond to comply with the requirements of Article 21-B and Part 1210;

NOW, THEREFORE, the Principal, as principal, and Surety, as surety, do hereby bind themselves, jointly and severally, and their respective heirs, personal representatives, successors and assigns, unto the **New York State Department of State** in the sum of _____ DOLLARS (\$ _____), the payment for which the Principal and Surety bind themselves, jointly and severally, and their respective heirs, personal representatives, successors and assigns, firmly by these presents, pursuant to Article 21-B and Part 1210, and subject to the following conditions:

1. The Term of this Bond shall commence on the "Date of Bond" state above (or, if no "Date of Bond" is stated above, on the date on which this Bond is filed with the New York State Department of State) and shall terminate on the sixtieth (60th) day after the date on which the New York State Department of State shall have received written notice of cancellation from the Surety. Any such notice of cancellation shall be given by first class mail addressed to the New York State Department of State, Attention: Manufactured Housing Program, at the then-current address of the principal office of the New York State Department of State in Albany, New York.
2. The conditions of this Bond are that the Principal and any and all employees of the Principal now or hereafter holding a "limited certificate" (as that term is defined in Part 1210) shall
 - (a) comply with all applicable provisions of Article 21-B and Part 1210;
 - (b) pay all civil penalties levied or assessed against the Principal and/or any such employee(s) of the Principal under Article 21-B and/or Part 1210;
 - (c) pay or otherwise satisfy or comply with all "Article 21-B orders" (as that term is defined in Part 1210) made against the Principal and/or any such employee(s) of the Principal (and, in the case of a consent order, a decision of an administrative law judge, or a decision and order of the Secretary of State or his or her designee, which is made in an administrative proceeding under Part 1210 and which is reviewed in any judicial action or proceeding, pay or otherwise satisfy or comply with such consent order, decision, or decision and order, as confirmed, affirmed, annulled, reversed, modified, or otherwise affected in such judicial action or proceeding or in any appeal taken in such judicial action or proceeding); and

- (d) pay or otherwise satisfy or comply with any and all "Article 21-B judgments" (as that term is defined in part 1210) entered against the Principal and/or any such employee(s) of the Principal (including, but not limited to, each such Article 21-B judgment which confirms, affirms, annuls, reverses, modifies, or otherwise affects any consent order, any decision of an administrative law judge, or any decision and order of the Secretary of State or his or her designee, made in an administrative proceeding under Part 1210).
3. Recovery against this Bond may be made by the New York State Department of State for any breach of any of the foregoing conditions of this Bond which occurs during the Term of this Bond, and for any breach of any of the foregoing conditions of this Bond which occurs after the termination of the Term of this Bond but which is based upon any violation, act, omission, breach of warranty, or breach of contract which occurred prior to the termination of the Term of this Bond and/or upon any "substantial defect" (as that term is defined in Part 1210) which existed prior to termination of the Term of this Bond. The total liability imposed under this Bond on the Surety for all breaches of the foregoing conditions of this Bond is limited to the face amount of this Bond. In no event shall the Surety be liable under this Bond for claims in excess of the face amount of this Bond, regardless of the number or nature of the claims made against this Bond or the number of years this Bond remains in force.
 4. Subject to the provisions in paragraphs 1 and 3 above, this Bond shall continue in full force and effect indefinitely.
 5. Termination of the Term of this Bond shall not terminate or otherwise affect any liability of the Principal, or any liability of any employee(s) of the Principal.

IN WITNESS WHEREOF, the Principal and Surety have hereunto set their hands and seals on this _____ day of _____, 20_____.

Signature of Principal

If Principal is a person, complete this part:

(Signature of Principal)

(Type or Print Name of Principal)

Signature of Surety

(Type or Print Name of Surety)

By: _____
(Signature of Authorized Representative of Principal)

Name: _____
(Type or Print Name of Authorized Representative of Principal)

If Principal is a business entity, complete this part:

(Print Name of Principal)

Title: Attorney-in-Fact

By: _____
(Signature of Authorized Representative of Principal)

Name: _____
(Type or Print Title of Authorized Representative of Principal)

Title: _____
(Type or Print Title of Authorized Representative of Principal)

Acknowledgment of Principal

If the Principal is a corporation, use this part:

State of _____)

County of _____) ss.:

On the _____ day of _____ in the year 20 ____ before me personally came _____
_____ to me known, who, being by me duly sworn, did depose and say that he/she resides
in _____

(if the place of residence is in a city, include the street and street number, if any, thereof); that he/she is the _____
_____ of the _____,

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 authority of the board of directors of said corporation, and that he/she signed his/her name thereto by like authority.

Notary Public

If the Principal is an individual, or a business entity other than a corporation, use this part:

State of _____)

County of _____) ss.:

On the _____ day of _____ in the year 20 ____ before me the undersigned, personally appeared
_____, personally known to me or proved to me on the basis of satisfactory
evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed
the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which
the individual acted, executed the instrument.

Notary Public

Acknowledgment of Surety

State of _____)

County of _____) ss.:

On the _____ day of _____ in the year 20 ____ before me personally came _____
_____ to me known, who, being by me duly sworn, did depose and say that he/she resides
in _____

(if the place of residence is in a city, include the street and street number, if any, thereof); that he/she is the duly appointed
Attorney-in-Fact of the _____,

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 authority of the board of directors of said corporation, and that he/she signed his/her name thereto by like authority.

Notary Public

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 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail SAM@WWISINC.COM	Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235
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