

Part A - Identification of Principal and Surety

1. Principal's Name (exactly as specified in Part A1, Form CHAR013)		3. Surety (Complete legal name of surety company)	
2. Mailing address of Principal (Number and street)	Room/Suite	4. Mailing address of Surety (Number and street)	Room/Suite
City or town, state or country and ZIP + 4		City or town, state or country and ZIP + 4	
5. Bond number (Must be completed by Surety)		6. Beginning Date of Bond (Must be completed by Surety)	

Part B - Certification - Both Signatures Required

WE, the Principal (as specified in Part A1) and the Surety (as specified in Part A3), are held firmly bound to the Attorney General of the State of New York and any other person who may have a cause of action or claim against the Principal for any malfeasance or misfeasance in the conduct of a solicitation by the Principal as a Professional Fund Raiser, in the sum of \$10,000, to be paid to the Attorney General of the State of New York or to any other person who may have a cause of action or claim against the Principal for any malfeasance or misfeasance in the conduct of a solicitation by the Principal as a Professional Fund Raiser, and we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by this bond.

WHEREAS, the Principal has applied to the Attorney General of the State of New York for registration as a Professional Fund Raiser pursuant to Article 7-A of the Executive Law of the State of New York;

NOW, THEREFORE, the terms of this obligation shall be:

That if the Principal shall register with the Attorney General of the State of New York as a Professional Fund Raiser and if the Principal shall faithfully and honestly act as such in accordance with the law, and if the Principal shall fully comply with the provisions of Article 7-A of the Executive Law of the State of New York, and if the Principal shall fully indemnify and save harmless from loss the State of New York and any person who may have a cause of action or claim against the Principal for any malfeasance or misfeasance in the conduct of solicitation as such Professional Fund Raiser, then this obligation shall be void; otherwise it shall remain in full force and effect.

In addition, this bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

This bond shall cover any cause of action or claim arising on account of the Principal's action as a Professional Fund Raiser for a period beginning on the date specified in Part A6, which shall be deemed the beginning date of the Principal's annual registration with the Attorney General, and ending exactly one year from that date, which shall be deemed the expiration date of the Principal's annual registration, pursuant to §173.1 of Article 7-A of the Executive Law of the State of New York; provided, however, the Principal and the Surety shall be liable, to the full extent of this bond, for any such cause of action or claim notice of which is presented to the Principal or to the Surety.

We, an authorized representative of the Principal and an authorized representative of the Surety, certify under the penalties for perjury, that we have reviewed this Annual Bond form, including any and all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this form.

Principal (PFR)	Signature of Authorized Representative	Printed Name	Title	Date
Surety	Signature of Attorney-in-Fact*	Printed Name	Title	Date

* Attach an original Power of Attorney form for the Surety's Attorney-in-Fact



New York State Department of Law (Office of the Attorney General)
Charities Bureau

Instructions for Form CHAR015 (Annual Bond (for Professional Fund Raisers))

<http://www.CharitiesNYS.com>

Important Notice: These Instructions are intended to provide assistance in completing Form CHAR015. For information on registration and filing requirements pursuant to the Executive Law, registrants and potential registrants are encouraged to familiarize themselves with §171-a through §177 of Article 7-A of the Executive Law and NYCRR Title 13, Chapter V, Parts 90 - 99. Additionally, Professional Fund Raiser registrants should refer to Form CHAR013 and related Instructions and Summary of Registration and Filing Requirements for Professional Fund Raisers.

I. **General Instructions in Completing Form CHAR015**

A. Type or print in ink the responses to **all** items in Part A.

B. In all instances, the "Principal" shall mean the applicant Professional Fund Raiser named in Part A1 of Form CHAR013.

C. In all instances an "authorized representative of the Principal" shall mean an owner, partner, director, officer, manager or key employee of the Registrant.

D. In all instances an "authorized representative of the Surety" shall mean the Attorney-in-Fact appointed by the Surety.

E. An original Power of Attorney form for the Surety's Attorney-in-Fact must be attached to Form CHAR015.

II. **Principal and Surety Certification**

An authorized representative of the Principal (Registrant) and an authorized representative of the Surety (Attorney-in-Fact) must certify to all statements made in Form CHAR015. The signatures on Form CHAR015, Part B must be original and must be accompanied by each signatory's printed name, title and the date signed.

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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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