

**N. C. DEPARTMENT OF INSURANCE
BROKER INSURANCE BOND**

PRINCIPAL'S
NATIONAL PRODUCER NUMBER (NPN) _____ BOND NUMBER _____

KNOW ALL MEN BY THESE PRESENTS: That we _____
_____ of _____ as principal, and
_____, a corporation organized and existing
under the laws of the State of _____, as surety, are held and firmly bound
unto the Commissioner of Insurance of the State of North Carolina in the penal sum
of _____, (_____) for the payment of
which, well and truly to be made, we and each of us binds ourselves, our heirs, successors and assigns, firmly by these
presents.

Sealed with our seals and dated this _____ day of _____, _____.

Whereas, in accordance with the provisions of North Carolina General Statute 58-33-26 and 58-33-30, the said principal has
applied to the Commissioner of Insurance for a license to act as an insurance broker, and in accordance with the provisions
of G. S. 58-33-26 and G. S. 58-33-30 is required to give a corporate surety bond in favor of the State of North Carolina for
the use of aggrieved parties.

Now, therefore, the bond shall be conditioned on the accounting by the broker (i) to any person requesting the broker to
obtain insurance for moneys or premiums collected in connection therewith, (ii) to any licensed insurer or agent who provides
coverage for such person with respect to any such moneys or premiums, and (iii) to any premium finance company or to any
association of insurers under any plan or plans for the placement of insurance under the laws of North Carolina which
afforded coverage for such person with respect to any such moneys or premiums.

This bond shall be continuous; beginning on the date such license becomes effective, and shall remain in force during all
succeeding periods until the surety is released from liability by the Commissioner or until the bond is canceled by the surety.
Without prejudice to any liability accrued prior to such cancellation, the surety may cancel this bond upon 30 days' advance
notice in writing filed with the Commissioner and the licensee.

The principal has hereunto set his hand and seal, and the surety caused these presents to be signed by its duly authorized
officers and it corporate seal to be hereto affixed the day and year first above written.

Signature of Principal

Surety Company

POWER OF ATTORNEY MUST BE ATTACHED

By: _____
Attorney-in-Fact

FORM MAY BE DUPLICATED WITHOUT MODIFICATION

BOND-BR (February 1, 2012)

Applicants must submit the original completed bond form and power of attorney to the North Carolina
Department of Insurance at ASD; 1204 Mail Service Center; Raleigh, NC 27699. Contact Agent Services Division
at (919) 807-6800 if you have questions

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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Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM