

Bond No.: _____

STATE OF NORTH CAROLINA
SECRETARY OF STATE, SECURITIES DIVISION
INVESTMENT ADVISOR'S BOARD

KNOW ALL MEN BY THESE PRESENTS: That we, _____ PRINCIPAL, and _____, a corporation organized and existing under the laws of the State of _____, and authorized to transact insurance in the STATE of NORTH CAROLINA, as SURETY, are held and firmly bound unto the SECRETARY OF STATE OF NORTH CAROLINA, as OBLIGEE, for the use and benefit of any person who successfully prosecuted a cause of action arising under Chapter 78C of the North Carolina General Statutes, in the sum of _____ for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by the presents.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, The above-named principal has made application to the SECRETARY OF STATE OF NORTH CAROLINA for registration as an Investment Advisor under Chapter 78C of North Carolina General Statutes and with all the rules, regulations, and orders issued pursuant thereto and all amendments thereto now or hereinafter enacted, then this obligation shall be null and void, otherwise to be and remain in full force and effect.

THIS BOND IS ALSO SUBJECT TO THE FOLLOWING CONDITIONS:

1. That any person who sustains an injury covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name upon this bond for the recovery of any damages sustained by him by reason of such breach, provided, however, that no such action may be brought after the expiration of three (3) years after the rendering of investment advice in violation of Chapter 78C, except that in the case of a violation of G.S. 78C-8(a)(1) or (2) an action may be brought within two (2) years after such person discovers, or should have discovered the facts constituting the violation.
2. The total aggregate liability of the SURETY herein shall be limited to the payment of _____.
3. That the SURETY may cancel this bond and be relieved of further liability herein by delivering THIRTY (30) days written notice to the PRINCIPAL at his address last known to the SURETY and to the SECRETARY OF THE STATE OF NORTH CAROLINA, HOWEVER, such cancellation shall not affect any liability incurred or accrued prior to the termination of the thirty (30) day period.
4. That said bond shall remain in force and effect during the license period for which it is issued and for any renewal thereof; or until said bond is cancelled by said SURETY; but this paragraph shall not either extend or abrogate the limitation period set forth in paragraph 1 herein.

IN WITNESS WHEREOF, The seal and signature of PRINCIPAL is hereto affixed and the corporate seal and the name of said SURETY is affixed and attested by its duly authorized officers this _____ day of _____, _____.

BY: _____
(PRINCIPAL)

(NAME AND OFFICIAL OFFICE) (SEAL)

BY: _____
(SURETY)

(ATTORNEY-IN-FACT) (SEAL)

COUNTERSIGNED BY:

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