

BOND NO.: _____

LOAN BROKER SURETY BOND

KNOW ALL MEN BY THESE PRESENTS, THAT we _____
_____, as PRINCIPAL and _____
_____, as SURETY are held and firmly bound unto the STATE OF NORTH CAROLINA, as OBLIGEE, for
the use and benefit of any person who had successfully prosecuted a cause of action arising
under Article 20, Chapter 66 of the North Carolina General Statutes (LOAN BROKER DISCLOSURE
ACT) in the sum of TEN THOUSAND DOLLARS (\$10,000) for the payment of which sum will and
surely to be made, we bind ourselves, our heirs, executors, administrators, successors and
assigns, jointly and severally, firmly by these presents.

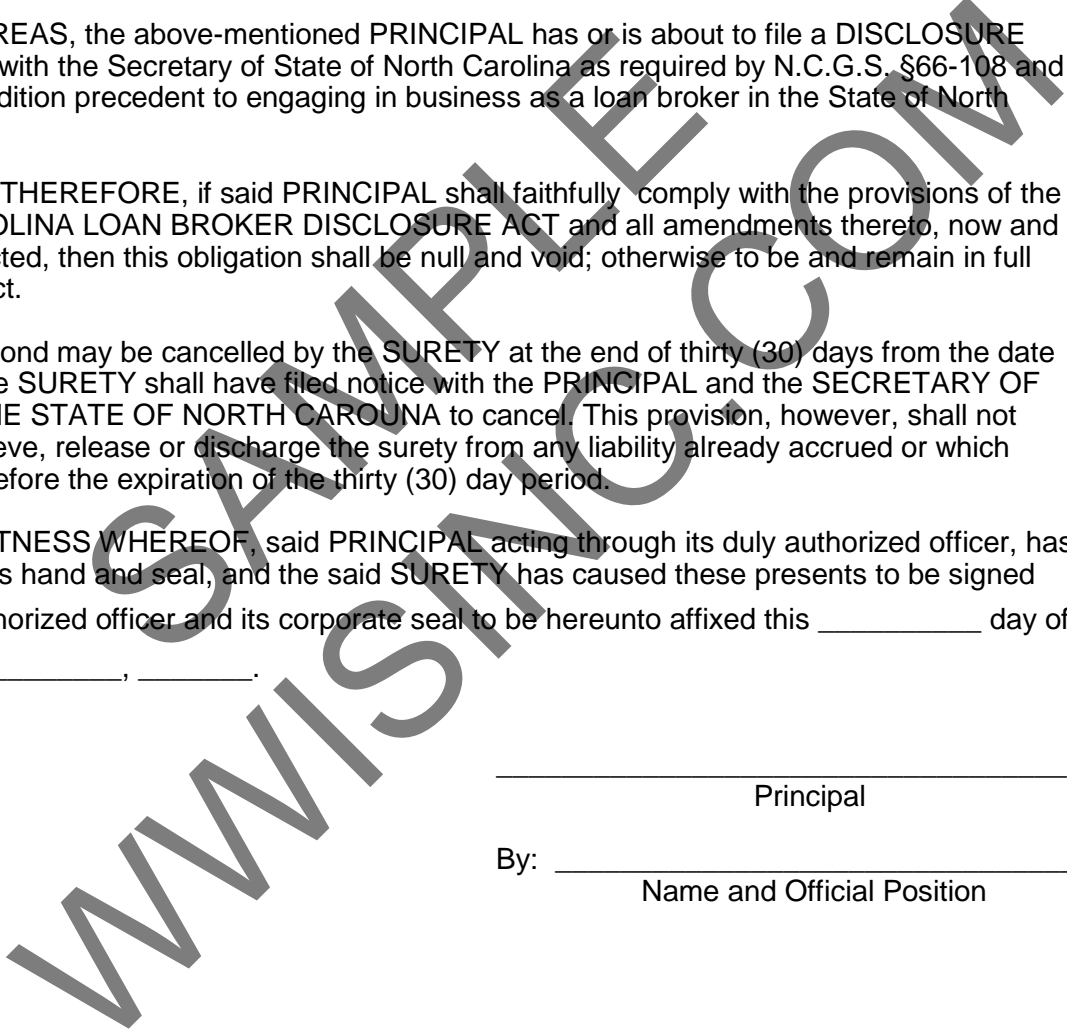
THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above-mentioned PRINCIPAL has or is about to file a DISCLOSURE
STATEMENT with the Secretary of State of North Carolina as required by N.C.G.S. §66-108 and
which is a condition precedent to engaging in business as a loan broker in the State of North
Carolina:

NOW, THEREFORE, if said PRINCIPAL shall faithfully comply with the provisions of the
NORTH CAROLINA LOAN BROKER DISCLOSURE ACT and all amendments thereto, now and
hereafter enacted, then this obligation shall be null and void; otherwise to be and remain in full
force and effect.

This bond may be cancelled by the SURETY at the end of thirty (30) days from the date
upon which the SURETY shall have filed notice with the PRINCIPAL and the SECRETARY OF
STATE OF THE STATE OF NORTH CAROLINA to cancel. This provision, however, shall not
operate to relieve, release or discharge the surety from any liability already accrued or which
shall accrue before the expiration of the thirty (30) day period.

IN WITNESS WHEREOF, said PRINCIPAL acting through its duly authorized officer, has
hereunto set its hand and seal, and the said SURETY has caused these presents to be signed
by its duly authorized officer and its corporate seal to be hereunto affixed this _____ day of
_____, _____.



Principal

By: _____
Name and Official Position

Surety

COUNTERSIGNED:

Licensed Resident Agent

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 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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