Bond No. _____

SURETY BOND

KNOW ALL MEN BY THESE PRESENT:

That: _____

_____

_____

as Principal, and _____

_____

_____

corporation organized under the laws of _____, as Surety, are held firmly bound unto the **North Carolina Education Lottery**, as Obligee, in the just and full sum of **Dollars (**), for which payment well and truly be made, the Principal and Surety bind themselves, their respective heirs, administrators, executors, successors, assigns, jointly and severally, by these presents.

WHEREAS, the Principal seeks to contract with the Obligee for the sale of lottery tickets and is required by the Obligee to give this bond in connection therewith;

NOW, THEREFORE, if, during the term of this bond, said Principal shall faithfully perform its obligations to remit payment for the sale of lottery tickets as specified in the Retailer Contract, and shall fully indemnify and hold harmless the Obligee from all cost and damage which the Obligee may suffer by reason of the failure of the Principal to do so, and fully reimburse and repay the Obligee all reasonable outlays and expenses which the Obligee may incur by reason of such failure, then this obligation shall be null and void; otherwise it shall remain in full force and effect.

The one year term of this obligation is for the period beginning _____ and ending _____. The bond will automatically annually renew, unless the Surety notifies the Obligee via certified mail 60 days prior to the annual expiration date that bond will cancel.

IN WITNESS THEREOF, the Principal and Surety have executed this instrument under their respective hands and seals, this _____ day of _____

Principal:

By: _____

Its: _____

Surety:

By: _____

Its: Attorney-in-Fact
[Accompanied by an executed Power of Attorney]

Surety Contact: _____

Surety Contact Phone Number: _____
Surety Address: _____
_____

Bond forms change; this is for educational purposes only

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 FINANCIALSTATEMENT 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

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail SAM@WWISINC.COM