

Bond Number: _____

Non-Resident North Carolina Collection Agency Bond
(Combining bond forms for state licensing and non-resident surety bond requirements)

Now comes _____, a Surety company licensed to transact surety business in the State of North Carolina ("Surety"), and issues a bond on behalf of _____, as Principal ("Principal") pursuant to North Carolina General Statute §§58-70-20(a) and (c). This bond is made in consideration of and as a condition precedent to the Commissioner of Insurance's issuance of a permit under Article 70 of Chapter 58 of the North Carolina General Statutes to the Principal.

Pursuant to NCGS §58-70-20(a) the Surety hereby guarantees the performance of the Principal with respect to the Principal's obligations under Article 70 of Chapter 58 of the North Carolina General Statutes. The Surety agrees to be liable under this bond up to the aggregate amount of _____ (\$ _____), with such liability extending to the Commissioner of Insurance for the benefit of any person, firm, or corporation for whom the Principal engages in the collection of accounts. The Surety acknowledges that these bond liabilities shall remain in full force until all monies collected by the Principal on behalf of third parties, while this bond is in effect, have been accounted for.

Pursuant to N.C.G.S. §58-70-20(c), the Surety agrees to be liable to the Commissioner of Insurance for the Commissioner's expenses incurred in visiting and examining the Principal in connection with a federal bankruptcy or State receivership proceeding in which the Principal is the subject of the proceeding. The Surety's liability under this bond written pursuant to N.C.G.S. §58-70-20(c) shall be up to the aggregate amount of \$10,000.00 made in favor of the Commissioner.

Provided however, that the aggregate liability of the Surety for all breaches of the conditions of NCGS §58-70-20(a) shall, in no event, exceed the corresponding penal sum as set forth above. Likewise, the aggregate liability of the Surety under this bond written pursuant to NCGS §58-70-20(c) shall, in no event, exceed the penal sum of \$10,000.00.

The aggregate per-bond liability contemplated by N.C.G.S. §58-70-20(a) is in addition to the aggregate per-bond liability contemplated by N.C.G.S. §58-70-20(c). With respect to liabilities contemplated pursuant to N.C.G.S. 58-70-20(a) and (c), said bond becomes effective on _____ and shall remain in full force and effect until terminated by the Insurance Commissioner or the Surety. The Surety may only terminate this bond with 30 days written notice to the Insurance Commissioner. Upon termination, the Surety shall remain liable for all obligations and liabilities under this bond that occurred or arose prior to the effective date of termination. The Surety shall not be liable for any liabilities of the Principal incurred after the effective termination date of this bond.

(Principal Corporate Seal)

(Surety Corporate Seal)

Principal: _____

Surety: _____

By: _____

By: _____

Date: _____

Date: _____

S-3426 (3/04)

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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