

Bond No.: _____

STATE OF NORTH CAROLINA

PRECIOUS METALS DEALER

COUNTY OF _____

BOND
[G.S. § 66-409]

We _____ of
_____(address), as PRINCIPAL, and

_____ of _____
_____(address), a corporation
incorporated under the laws of the State of _____

and duly licensed to transact a SURETY business in the State of North Carolina, as SURETY, are indebted and bound to the State of North Carolina in the sum of TEN THOUSAND DOLLARS (\$10,000.00) for which payment we bind ourselves and our legal representatives and successors jointly and severally.

The condition of this obligation is that the PRINCIPAL is desirous of conducting and will conduct a precious metal business as defined in North Carolina General Statute § 66-406, et seq., and it is required by the provisions of the aforesaid law, that the PRINCIPAL furnish a bond on the terms and conditions set forth therein.

If the PRINCIPAL and all his agents and employees shall faithfully and honestly perform all their obligations as required by the aforesaid statutes, then this obligation shall be null and void; otherwise, it shall be in full force and effect.

This SURETY bond is intended to comply with the requirements of Article 45 of Chapter 66 of the North Carolina General Statutes and in accordance with the provisions and requirements of that Act, it is expressly provided that:

1. This bond is executed by the said PRINCIPAL and SURETY to enable the PRINCIPAL to obtain a permit under the provisions of this law;
2. Any person who sustains injury by reason of any act or omission covered by this bond may, in addition to any other remedy that he may have, bring an action in his own name on this bond for the recovery of damages sustained by him.

The total aggregate liability of the SURETY hereon shall be limited to the sum of TEN THOUSAND DOLLARS (\$10,000.00).

Bond forms change; this is for educational purposes only

Upon termination or cancellation of this bond, notice thereof shall be immediately given to the law enforcement agency issuing the permit.

Upon termination of the bond the permit will become void.

IN WITNESS WHEREOF, the above bounded parties have executed this Instrument under their several seals, this the _____ day of _____, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

PRINCIPAL

By: _____

Title: _____

SURETY

By: _____

Title: Attorney in Fact _____

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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
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