



# North Carolina Department of Insurance

## N. C. DEPARTMENT OF INSURANCE PUBLIC ADJUSTER INSURANCE BOND

PRINCIPAL'S  
NATIONAL PRODUCER NUMBER (NPN) \_\_\_\_\_ BOND NUMBER \_\_\_\_\_

Bond Eff. Date \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS:** That we \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_ as principal, and  
\_\_\_\_\_, a corporation organized and existing  
under the laws of the State of \_\_\_\_\_, as surety, are held and firmly bound  
unto the Commissioner of Insurance of the State of North Carolina in the penal sum of  
\_\_\_\_\_ for the payment  
of which, well and truly to be made, we and each of us bind ourselves, our heirs, successors and assigns, firmly by  
these presents.

Sealed with our seals and dated this \_\_\_\_\_ day of \_\_\_\_\_,

Whereas, in accordance with the provisions of North Carolina General Statute 58-33A-50, the said principal has applied to the Commissioner of Insurance for a license to act as a public adjuster, and in accordance with the provisions of G. S. 58-33A-50 is required to give a corporate surety bond in favor of the State of North Carolina for the use of aggrieved parties.

Now, therefore, the condition of this obligation is such that it specifically authorizes recovery by the Commissioner on behalf of any person in this State who sustained damages as the result of erroneous acts, failure to act, conviction of fraud, or conviction of unfair practices in his or her capacity as a public adjuster.

This bond shall be continuous; beginning on the date such license becomes effective, and shall remain in force during all succeeding periods until the surety is released from liability by the Commissioner or until the bond is canceled by the surety. Without prejudice to any liability accrued prior to such cancellation, the surety may cancel this bond upon 30 days' advance notice in writing filed with the Commissioner and the licensee.

The principal has hereunto set his hand and seal, and the surety caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed the day and year first above written.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Surety Company

By: \_\_\_\_\_  
Attorney-in-Fact

**POWER OF ATTORNEY MUST BE ATTACHED**

**FORM MAY BE DUPLICATED WITHOUT MODIFICATION**

Bond forms change; this is for educational purposes only

**BOND-PA (March 25, 2010)**

Licenses should submit completed bond forms to the North Carolina Department of Insurance via e-mail to [asd@ncdoi.gov](mailto:asd@ncdoi.gov).  
Contact Agent Services Division at (919) 807-6800 if you have questions

## 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

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**  
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