

**RESIDENTS PERSONAL FUNDS TRUST FUND
STATE OF NORTH CAROLINA**

Division of Medical Assistance Certification Section
701 Barbour Drive
Raleigh, NC 27603

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS, that we, _____, as Principal, and the _____
_____, a surety company organized under the laws of the State of _____ and licensed to do
business in the State of North Carolina, are held and firmly bound to the aforementioned principal's
participants in the resident fund in the total penal sum of _____ DOLLARS (\$ _____) lawful
money of the United States of America, for which payment well and truly to be made, we bind ourselves,
our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

WHEREAS, the above named Principal is the owner and/or operator of a nursing home facility and as such
is licensee under North Carolina Licensing Statutes.

WHEREAS, Federal Statute 42 U.S.C.A. & 139Gr (c) (6) requires the said Principal to assure the security
of all personal funds of residents deposited and trusted to Principal;

NOW, THEREFORE, the condition of this obligation is such that the above named Principal shall (1) well
and truly hold separately and in trust all residents/funds deposited with Principal as nursing home or nursing
facility; and (2) shall administer said funds on behalf of said residents in the manner directed by 42
U.S.C.A. & 130Gr (c) (6) and (3) shall render true and complete accounts to the residents, the depositors
and the State of North Carolina when requested; and (4) thereunder, expended and held on hand and shall
return the full balance to the resident in accordance with Federal Statute 42 U.S.C.A. & 139Gr (c) (6) then
this obligation shall be null and void.

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Bond forms change; this is for educational purposes only

PROVIDED, that regardless of the number of years this bond remains in effect, or the number of amount of claims or claimants, in no event shall the aggregate liability of the surety under this bond exceed the penal sum of this bond.

PROVIDED FURTHER, that this bond shall be continuous in form and may be terminated by the Surety upon its giving thirty (30) days written notice to the Obligee of such termination, and the Surety shall simultaneously send a copy of such notice to the Principal.

Signed and Sealed effective this _____ day of _____, _____.

Principal

Surety

By: _____

By: _____

Title

Title

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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 **Toll Free: (888) 518-8011**
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