



**UNIFORM PROFESSIONAL FUNDRAISER SURETY BOND**  
NORTH DAKOTA SECRETARY OF STATE  
SFN 53974 (07-03)

Bond # \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, that

\_\_\_\_\_ Name of Professional Fundraiser  
of \_\_\_\_\_ Address  
as principal, and \_\_\_\_\_ Name of Surety

a surety company licensed to do business in the State of North Dakota, as surety, are held and firmly bound unto the Secretary of State of the State of North Dakota and to any person who may have cause of action against the principal for any malfeasance or misfeasance in the conduct of solicitations in the total penal sum of twenty thousand dollars (\$20,000.00) for which sum will and truly be paid, said principal and surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, and each of them firmly by these presents.

WHEREAS, the above-named principal is a professional fundraiser under North Dakota Century Code § 50-22-01(6).

WHEREAS, the above-named principal is required by North Dakota Century Code § 50-22-02.1 to post a surety bond,

NOW, THEREFORE, the condition of this obligation is such that if the above-named principal shall not engage in or be found guilty of any malfeasance or misfeasance in the conduct of a solicitation then this obligation as to him shall be null and void, otherwise, it shall remain in full force and effect.

This bond is executed and accepted subject to the following conditions:

- (1) Coverage is provided therein and extended without notification to the surety for any change of officers, if the principal is a corporation.
- (2) No change in the business name of the principal is permitted unless such name change is filed with the Secretary of State.
- (3) The aggregate liability of the surety for all judgments or final decisions under the bond shall, in no event, exceed the sum of the bond.
- (4) The books and records of a principal upon the bond shall be open to the inspection during reasonable business hours to the surety and the Secretary of State.

(5) Where the principal employs solicitors, liability on the bond shall extend to the malfeasance or misfeasance of such solicitors.

(6) Coverage hereunder shall be effective as of 12:00 a.m. on \_\_\_\_\_ and shall continue in full force and effect until cancelled by surety or principal. Cancellation of this bond may be made by either surety or principal giving 90 days' notice in writing by certified mail to the other party and the North Dakota Secretary of State. Upon proper cancellation, both principal and surety shall be released from liability for any breach of condition or terms of this bond occurring after the effective date of said cancellation.

Signed, sealed, and dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

PRINCIPAL (Professional Fundraiser)

\_\_\_\_\_  
(Printed)

Corporate name, if unincorporated  
individual name, enter above

\_\_\_\_\_  
Witness

By: \_\_\_\_\_

Authorized Representative's Signature

\_\_\_\_\_  
(Title)

SURETY (Insurance Company)

\_\_\_\_\_  
(Printed)

By: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(Title)

Mailing Address of Surety:

National Headquarters: \_\_\_\_\_

Local Office or Agent: \_\_\_\_\_

NOTE: All professional fundraiser licenses expire on September 1 of each year.

A continuation certificate from the Surety must be submitted with each renewal application and must assure continuance of current bond through September 1 of new license year.

A power of attorney form, provided by and properly signed by the Surety, including the current date, must be attached to this bond.

## 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**  
**E-Mail SAM@WWISINC.COM**