



**SURETY BOND TO OPERATE SALE OF CHECK BUSINESS**  
 NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS  
 CONSUMER DIVISION  
 SFN 2105 (Rev. 04-2002)

2000 Schafer Street, Suite G  
 Bismarck, ND 58501-1204  
 Telephone (701) 328-9933  
 Fax Number (701) 328-9955

Name of Principal		Bond Number
City of		State of
Name of Corporation (Surety)	Organized and existing under the laws of the State of	

**KNOW ALL MEN BY THESE PRESENTS:**

that the above named corporation is authorized to do business in the State of North Dakota, as Surety, are by this obligation held and firmly bound unto the State of North Dakota for the use, benefit, and protection of any person including administrative costs of the Department reasonably incurred in processing claims owed to the State of North Dakota in the penal sum of \_\_\_\_\_ (\$ \_\_\_\_\_), lawful money of the United States of America, for the payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The conditions of this obligation are such that, whereas, the said Principal intends to apply for, has applied for, a license or is licensed as a Sale of Check pursuant to North Dakota Century Code Chapter 51-17.

**NOW, THEREFORE, THIS INDENTURE WITNESSETH**, that if the said Principal, agents and salesmen of the principal, shall faithfully comply with all of the provisions of N.D.C.C. Chapter 51-17, as amended and with all rules, regulations, and orders made pursuant thereto and shall faithfully perform and pay all obligations of the said Principal, agents, and employees or representatives of the principal, then this obligation to be void, otherwise to remain in full force and effect.

This bond is a continuing obligation and shall cover the full period or periods of licensure of the Principal under N.D.C.C. Chapter 51-17, including the present and all renewal licenses which said Principal may be granted; provided, that it is hereby expressly agreed that nothing herein contained shall be deemed or construed to reduce the liability of the Principal and Surety below the penal sum set forth above for each and every period for which the named Principal shall be licensed, the same as if a new bond in the said penal sum were entered into for each and every separate license period.

This bond may be canceled at any time by the Surety by giving written notice of such cancellation by registered mail to the Department of Financial Institutions and to the Principal, and all liability hereunder shall terminate thirty (30) days after receipt by the Department of Financial Institutions of such notice, except that the liability of the Principal and Surety shall continue as provided by this bond for any acts or omissions of the Principal, agents and employees of the principal, which may have occurred prior to the effective date of such cancellation.

**IN WITNESS WHEREOF**, the Principal and Surety have hereunto set their hands and affixed their respective seals this \_\_\_\_\_ day of \_\_\_\_\_, (Year) \_\_\_\_\_.

(Seal)

(Seal)

Principal	
By (Name of Individual)	Title
Signature	
Surety	
Attorney-in-Fact	
Address of Attorney-in-Fact	

Attorney-in-Fact must attach valid Power of Attorney from Surety. If principal is a corporation, officer signing must attach resolution authorizing execution.

**NOTE:**

1. Personal Principal and Personal Sureties will acknowledge on Part A below.
2. If the Principal is a corporation, the bond should be signed by it in the corporate name and below this by its proper officer or agent. The bond will then be acknowledged by the officer or agent in Part B.
3. If the Principal is a limited liability company, the bond should be signed by it in the company name and below this by its proper manager or agent. The bond will then be acknowledged by the manager or agent in Part C.
4. If the Principal is a partnership, the bond should be signed by it in the company name and below this by its partners. The bond will then be acknowledged by the partners in Part D.
5. Corporate Sureties will use acknowledgment on Part E.
6. If bond is executed by an attorney-in-fact for a surety company, acknowledgment should be made on Part F.

**PERSONAL ACKNOWLEDGEMENT**

**PART A.**

State \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name of person acknowledging).

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_ (date).

**CORPORATE ACKNOWLEDGEMENT (Principal)**

**PART B.**

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name of officer or agent and title of officer or agent)  
of \_\_\_\_\_ name of corporation acknowledging),  
a \_\_\_\_\_ (state or place of incorporation) corporation, on behalf of the corporation.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_ (date).

**LIMITED LIABILITY COMPANY ACKNOWLEDGEMENT (Principal)**

**PART C.**

State \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name of manager or agent and title of  
manager or agent) of \_\_\_\_\_ (name of limited  
liability company acknowledging), a \_\_\_\_\_ (state or place of organization) limited  
liability company, on behalf of the limited liability company.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_ (date).

**PARTNERSHIP ACKNOWLEDGEMENT (Principal)**

**PART D.**

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date) by \_\_\_\_\_, \_\_\_\_\_ (name of acknowledging partner or agent), partner (or agent), on behalf of \_\_\_\_\_ (name of partnership), a partnership.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_ (date).

**CORPORATE ACKNOWLEDGEMENT (Surety)**

**PART E.**

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date) \_\_\_\_\_ (attorney-in-fact) known to me duly sworn, doth say that he or she is the attorney-in-fact of the corporate surety named in the foregoing bond.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_ (date).

**ACKNOWLEDGEMENT OF ATTORNEY-IN-FACT**

**PART F.**

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ (date) by \_\_\_\_\_ (person acknowledging instrument) known to me to be the person who is described in and whose name is subscribed to the within instrument as the attorney-in-fact of \_\_\_\_\_ (principal) and acknowledged to me that he or she subscribed the name of the \_\_\_\_\_ (principal) thereto as Surety and his or her own name as attorney-in-fact.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_ (date).

## 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.

<b>Worldwide Insurance Specialists, Inc</b> 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail <a href="mailto:SAM@WWISINC.COM">SAM@WWISINC.COM</a>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
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