



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★

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Bond# _____

**BOND FOR PROFESSIONAL SOLICITOR
AND FUND-RAISING COUNSEL**
(Sections 1716.05 and 1716.07, Ohio Revised Code)

_____(Name of Fund-Raising Counsel or Professional Solicitor), as Principal, and _____(Name of Surety Company), a surety authorized to do business in the State of Ohio, are held and firmly bound to the State of Ohio and any person who may have a cause of action against the principal obligor arising out of a violation of any provision of Chapter 1716 of the Ohio Revised Code or any rule adopted pursuant to said chapter, in the amount of twenty-five thousand dollars (\$25,000.00), lawful money of the United States for the payment of which well and truly to be made, we, and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns jointly and severally, firmly by this document.

WHEREAS, the above named Principal has applied to the Attorney General of Ohio to register as a Fund-Raising Counsel OR Professional Solicitor for the period ending March 31, _____, in accordance with the provisions of Sections 1716.05 and 1716.07 of the Ohio Revised Code, and is required to furnish a surety bond with such registration,

AND, if the Principal shall fully and faithfully observe all provisions of Chapter 1716 of the Ohio Revised Code, then this obligation shall be void; otherwise to remain in full force and effect.

The surety may cancel this bond at any time by filing with the Attorney General thirty (30) days notice in writing by certified mail of its intent to cancel or terminate this bond. The surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the thirty day period.

This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

Signed and sealed this _____ day of _____, _____.

Bond effective the _____ day of _____, _____.

PRINCIPAL (Name of Person, Corporation or Entity)

SURETY

PRINTED NAME OF OFFICER/TITLE

PRINTED NAME OF OFFICER/TITLE

SIGNATURE

SIGNATURE

ADDRESS

ADDRESS

E-MAIL ADDRESS

E-MAIL ADDRESS

BUSINESS TELEPHONE

BUSINESS TELEPHONE

FRC_PS Bond
Revised 2/08

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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