



Director
Mitchell J. Brown

Division of Support Services

Ramona P. Patts, Administrator

License Section

Sharon K.Gadd, License Manager

750 Piedmont Road - South Entrance

Columbus, Ohio 43224

(614) 645-8366 Fax 645-8912



Mayor
Michael B. Coleman

BOND FOR PROFESSIONAL FUNDRAISER

(Section 525.21 Columbus City Code)

Know all persons by these presents that we, the following named Professional Fundraiser:

_____ located at _____

as principal and we the following named insurer _____ located at _____

_____ as surety are held and firmly bound unto the City of Columbus, and any person sustaining injury through the action of said professional fundraiser within the City of Columbus in the sum of Five Thousand Dollars (5,000.00), lawful money of the United States for the payment of which will and truly be made, we, and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The conditions of the above obligation are such that whereas the above named principal has made application to the Charitable Solicitations Board of Columbus, Ohio to register as a professional fundraiser for the period ending _____, 20____. In accordance with the provisions of said Sections 525.01 and 525.22, Columbus City Code; and, particularly shall execute all contracts with person required to register as provided in Section 1716.08 Revised Code, in writing; and shall keep on file true and correct copies of said contracts for a period of three years from the date of the report of the solicitation filed by such persons under the provisions of Section 1716.11, Revised Code, then this obligation shall be void, otherwise to remain in full force and effect.

Signed and Sealed at (City) _____, (State) _____,

this _____ day of _____, 20_____.

Surety Company

Principal

Administrative Office
Technical Support
License Section
Weights & Measures

220 Greenlawn Avenue
220 Greenlawn Avenue
750 Piedmont Road
750 Piedmont Road

645-7710
645-7344
645-8366
645-7397

FAX: 645-4819
FAX: 645-4819
FAX: 645-8912
FAX: 645-3994

THE CITY OF COLUMBUS IS AN EQUAL OPPORTUNITY EMPLOYER

Bond forms change; this is for educational purposes only

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**
2424 W. Missouri AVE **Local (602) 749-0702**
Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM