

BOND NO. _____

TELEPHONE SOLICITOR BOND

SURETY BOND

KNOW ALL MEN BY THESE PRESENTS:

That we _____ (telephone solicitor),
of _____ (street address), county of _____,
State of _____,
as principal, and _____ a surety company authorized to
transact guaranty and surety business in the State of Ohio, as surety, are indebted to the
State of Ohio in the penal sum of Fifty Thousand Dollars, for which payment we bind
ourselves, our heirs, legal representatives, successors and assigns, jointly and severally.

The condition of this obligation is that the principal is a "telephone solicitor" as
defined by Ohio Revised Code Section 4719.01 who intends to conduct the business
provided for in Sections 4719.01 through 4719.18 of the Ohio Revised Code, and is thus
required by Ohio Revised Code Section 4719.04 to obtain a surety bond in the amount of
Fifty Thousand Dollars, and to file a copy of the bond with the Attorney General prior to
acting as a telephone solicitor.

This bond is intended to comply with provisions of Ohio Revised Code Section
4719.04 and, in accordance with the provisions and requirements of that statute, it is
expressly provided that:

1. This bond shall be for the benefit of any person, and of the State of Ohio for
the benefit of any person that is injured by violation of any provision of Ohio
Revised Code Sections 4719.01 through 4719.18 or a rule adopted under those
sections.
2. The aggregate liability of surety hereon shall be limited to the sum of Fifty
Thousand Dollars
3. This bond shall be deemed continuous in form and shall remain in full force
and effect for two years after the date on which the principal ceases to engage
in telephone solicitations unless terminated or canceled in the manner
hereinafter provided.
4. Surety may cancel this bond after giving principal and the attorney general
written notice of the cancellation at least thirty days before the cancellation
takes effect. For two years after the cancellation takes effect, any person, or

the State of Ohio on behalf of any person, may make a claim against the bond for a violation that occurred while the bond was in effect.

The effective date of this bond is: _____.

Witness our hands and official seals this _____ day of _____, 19____.

PRINCIPAL

SURETY

Name of Telephone Solicitor

Signature

By: _____
Signature

Typed Name

Typed Name

Title

Title

Bondtel.doc/ssd
12/18/00

WWW.SAMPLE.COM

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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