

**NOTARIAL BOND
TO THE
STATE OF OKLAHOMA**

Commission No. _____

Dqpf "P q0aaaaaaaaaaaaaaaa

PLEASE NOTE: File the bond form and a **\$10.00 fee** with the office of the Secretary of State, 2300 N. Lincoln Blvd., Room 101, Oklahoma City, Oklahoma 73105-4897

KNOW ALL MEN BY THESE PRESENTS:

That _____ of _____
(Name of Notary) (Residence Address or, if a Non-resident, Employment Address)
in the county of _____, State of Oklahoma, as Principal, lately appointed Notary Public within and for the State of
Oklahoma, and
_____ of _____
(Name of Surety) (Residence address)
_____ of _____
(Name of Surety) (Residence address)

as Sureties, are held and firmly bound unto the State of Oklahoma in the penal sum of One Thousand (\$1,000.00) Dollars, good and lawful money of the United States, to be paid to the State of Oklahoma, for which payment will and truly be made, we bind ourselves, our heirs, executors and administrators, jointly and severally, firmly by these presents.

Dated this _____ day of _____.

Whereas, the above bounden Principal has been appointed to the Office of Notary Public, within and for the State of Oklahoma.

NOW, THE CONDITIONS OF THIS OBLIGATION ARE SUCH, that if said Principal shall faithfully, in all things, perform all duties required by law as a Notary Public within and for said State during the term of said office by virtue of said appointment, then the above obligation to be void, else to remain in full force.

We, the sureties on the bond herein, being severally sworn each for himself, is worth at least One Thousand (\$1,000.00) Dollars over and above all debts and liabilities by him owing, and all property exempt by law from levy and execution.

Principal Sign Here → _____

Surety Sign Here → _____

Surety Sign Here → _____

"
"
"
"
"
"
"
"

TO BE COMPLETED BY THE NOTARY

Sign your name on the line below the same as you sign all public documents.

IMPRESS YOUR SEAL HERE

Sign Here → _____

OATH OF OFFICE
(Oklahoma Constitution Article XV)

State of Oklahoma
County of _____

I, _____, do solemnly swear (or affirm) that I will support, obey, and defend the Constitution of the United States, and the Constitution of the State of Oklahoma, and that I will not knowingly, receive, directly or indirectly, any money or other valuable thing, for the performance or nonperformance of any act or duty pertaining to my office, other than the compensation allowed by law; I further swear (or affirm) that I will faithfully discharge my duties as a Notary Public to the best of my ability.

Signature of Principal

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public or other officer authorized to administer
oaths or affirmations

My Commission Expires: _____

Commission # _____

(SEAL)

LOYALTY OATH
(51 O.S., Section 36.2A)

State of Oklahoma
County of _____

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am a Notary Public.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public or other officer authorized to administer
oaths or affirmations

My Commission Expires: _____

Commission # _____

(SEAL)

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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Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM