



PAWNBROKER SURETY BOND

Surety Bond No.: _____

Under this agreement, (name, principal) _____

address: _____

as principal, and (name, surety) _____

surety address _____

a corporation duly organized and existing under the laws of the state of _____, and authorized to transact a surety business in the state of Oregon, are held and firmly bound unto the State of Oregon, for the use of the state and any person who may have a cause of action against the principal, in the full penal sum of twenty-five thousand dollars (\$25,000), for the payment of which we hereby bind ourselves, our heirs, administrators, executors, successors and assigns, jointly and severally, firmly by this agreement (ORS 726.070).

THE CONDITION OF THIS OBLIGATION:

The above-named principal has applied to the director of the Department of Consumer and Business Services, State of Oregon, for a license to conduct a pawnbroker's business at

address: _____, city _____, Oregon,

as provided in ORS Chapter 726 and is required to furnish a bond in the sum of \$25,000.

If the principal shall, during each license period faithfully conform to and abide by the provisions of the Pawnbrokers Act and all rules adopted by the director of the Department of Consumer and Business Services and pay to this state and to any person aggrieved by the misconduct or the violation of any law by the licensee any and all monies that may become due or owing to the state or others under the provisions of ORS Chapter 726, then such obligation shall be considered extinguished; otherwise, it shall remain in full force and effect.

The surety shall have the right to terminate any future liability by giving written notice to the principal and the Division of Finance and Corporate Securities of the Department of Consumer and Business Services. The surety shall be discharged from any future liability for any default of principal and its agents or its subagents occurring after the expiration of 30 days after the service of the notice.

IN WITNESS WHEREOF, the principal and the surety execute this agreement. The surety fully authorizes its representatives in the state of Oregon to enter into this obligation.

SIGNED, sealed, and dated this _____ day of _____, _____.

Principal: _____

By: _____

Title: _____

Surety: _____

(Seal)

By: _____

Title: _____

Countersigned: _____

Resident agent: _____

By: _____

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 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail SAM@WWISINC.COM	Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235
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