

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE BOARD OF AUCTIONEER EXAMINERS
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105-2649
717-783-3397

BOND # _____

BOND

KNOW ALL PERSONS BY THESE PRESENTS, that the application for _____
Auctioneer/Apprentice Auctioneer/Trading Assistant/Auction
Company/Auction House

_____ a/an _____, with business located at
Name of Applicant Individual/Partnership/Corporation/Limited Liability Company

_____ Street

_____ City _____ State _____ Zip Code

as PRINCIPAL, and _____ with a Certificate of Authority from the
Name of Surety Company

Pennsylvania Insurance Department and located at _____
Street

_____ City _____ State _____ Zip Code

as SURETY, are held firmly bound unto the Commonwealth of Pennsylvania in the sum of \$5,000 (Five Thousand Dollars) lawful money of the United States of America, to be made payable to the said Commonwealth, for the use of the Commonwealth, its attorney or assigns, or any person or persons who may have a cause of action under the Auctioneer Licensing and Trading Assistant Registration Act (Act 85 of December 22, 1983), to which payment will and truly to be made, we do hereby bind ourselves, jointly and severally our heirs, executors, administrators, successors and assigns firmly by these presents. This agreement will continue in effect until written notification of cancellation by surety.

SIGNED SEALED AND DELIVERED THIS _____ DAY OF _____

WHEREAS, the above-bounded Principal desires to operate or conduct the business of

_____ Auctioneer/Apprentice Auctioneer/Trading Assistant/Auction Company/Auction House

within the Commonwealth in accordance with the provisions of the Auctioneer Licensing and Trading Assistant Registration Act and the rules and regulations adopted under and pursuant thereto.

NOW, THEREFORE, the condition of this obligation is such that if upon and after issuance of such license the above-bounded Principal shall fully and faithfully observe the provisions of all the laws of this Commonwealth and the rules and regulations promulgated by the State Board of Auctioneer Examiners as a licensee then this obligation shall be void; otherwise, it shall remain in full force, virtue and effect.

And, the obligors, jointly and severally, for themselves, their heirs, executors, administrators, successors and assigns, do agree with the Commonwealth that upon violation of the said Act, and the rules and regulations promulgated by the State Board of Auctioneer Examiners, or the applicable rules and regulations of the Department, Board or Commission of the Commonwealth thereunder or of any laws of this Commonwealth, and upon the revocation of the licensure and upon forfeiture of the bond, aforesaid, or upon the recovery of a judgment and in execution of that judgment on the bond, as specified at §13(c) of the Act, for any such violation during the continuance of such license, the full amount of this bond shall be due and payable.

And we, and each of us, do hereby confess judgment against us and each of us for the penal sum of \$5,000 (Five Thousand Dollars), with cost of suit and release of all errors, without stay of execution, waiving inquisition and condemnation of any real estate, and we, and each of us, do hereby waive the benefit of any law or laws now in force, or which may hereafter become a force exempting property from levy and sale upon execution, and we do hereby empower any attorney, or the Prothonotary, of any Court of Record within this Commonwealth or elsewhere, to appear for us and each of us, to confess judgment as expressed, and for the entering of such judgment and so doing this shall be sufficient warrant; a copy of bond being filed in said action, it shall be necessary to file the original as a warrant, any law or rule of Court notwithstanding.

SIGNATURE OF PRINCIPAL CORPORATE OFFICER

SIGNATURE OF WITNESS

PRINT NAME OF WITNESS

SURETY:

NAME OF SURETY COMPANY

SIGNATURE OF SURETY

STREET ADDRESS OF ATTORNEY- IN- FACT

(BUSINESS SEAL)

CITY STATE ZIP CODE

CERTIFIED COPY OF POWER OF ATTORNEY NOMINATING, CONSTITUTING AND APPOINTING SAID ATTORNEY-IN-FACT FOR SAID CORPORATE SURETY MUST BE ATTACHED HERETO. DATE OF SAID CERTIFICATION AND DATE OF EXECUTION OF BOND MUST AGREE.

CONSENT OF NONRESIDENT LICENSEE

Whereas, the Auctioneer Licensing and Trading Assistant Registration Act in the Commonwealth of Pennsylvania requires that a nonresident licensee of the State Board of Auctioneer Examiners files a consent that suits and other legal actions may be commenced against a licensee in the proper court of any county of the Commonwealth in which a cause of action may arise or in which a plaintiff may reside.

Now witnesseth, that the undersigned _____
Name of Applicant
of _____
Street

City State Zip Code

an _____, hereby consents to the commencement of suits and other legal actions
Auctioneer/Apprentice/Trading Assistant/Auction Company/Auction House

against the licensee in and county of the Commonwealth in which a cause of action may arise or in which a plaintiff may reside by service of any process of pleading authorized by the laws of the Commonwealth or the Secretary of the Commonwealth of Pennsylvania; and

That the undersigned stipulates and agrees that service of process or pleading as aforesaid on the Secretary of the Commonwealth, shall be taken and held in all courts to be as valid and binding as if due service had been made upon the undersigned within the Commonwealth of Pennsylvania; and

That the undersigned intends that this consent shall be and hereby is irrevocable.

State of _____ County of _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 ____

MY COMMISSION EXPIRES: _____

Signature of Notary

Signature of Applicant

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