

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA FISH & BOAT COMMISSION
PO BOX 68900
HARRISBURG PA 17106 8900

BOND

BOND# _____

KNOW ALL MEN BY THESE PRESENTS THAT _____
(NAME OF AGENT)

OF _____ COUNTY OF _____, STATE OF _____
(CITY OR TOWN)

WITH HIS (THEIR) (ITS) PRINCIPAL PLACE OF BUSINESS IN PENNSYLVANIA AT _____
(STREET AND NUMBER)

_____ COUNTY OF _____, AND _____
(CITY OR TOWN) (NAME OF SURETY)

A CORPORATION ORGANIZED UNDER THE LAWS OF _____ AND DULY AUTHORIZED TO ENGAGE IN
BUSINESS IN THE COMMONWEALTH OF PENNSYLVANIA, WITH IT'S PRINCIPAL OFFICE THEREIN LOCATED AT
_____ IN THE CITY OF _____ AS SURETY ARE HELD AND FIRMLY

BOUND UNTO THE COMMONWEALTH OF PENNSYLVANIA IN THE SUM OF _____
DOLLARS () LAWFUL MONEY OF THE UNITED STATES OF AMERICA, to be paid to the said Commonwealth of
Pennsylvania, to which payment well and truly to be made, we bind ourselves and each of us, our and each of our heirs, executors,
administrators and assigns, jointly and severally, firmly by these presents.

Signed, sealed and delivered to this _____ day of _____ A.D., _____.

WHEREAS the above bounden PRINCIPAL has been designated its agent by the Pennsylvania Fish and Boat Commission to issue
temporary boat registrations in accordance with the Act of October 15, 1980, 30 Pa. C.S., known as Fish and Boat Code, as amended.

WHEREAS this bond is filed with the Pennsylvania Fish and Boat Commission, Commonwealth of Pennsylvania, in accordance with
said Act of Assembly to enable said PRINCIPAL to obtain from the Commission a supply of temporary boat registration decals:

NOW, therefore, the condition of the obligation is such that if the above bounden PRINCIPAL shall well and truly, correctly and
faithfully in all things, execute, perform and discharge the trusts and duties of his (their) (its) office as required by law, and shall well and truly,
correctly and faithfully account for and pay according to law all moneys that shall be received by or for him (them) (it) in his (their) (its)
official capacity, due and owing to the Commonwealth, and shall faithfully comply with the provisions of the Act referred to above of the
Commonwealth of Pennsylvania, unless before that date the SURETY shall be released and discharged in the manner and to the extent
prescribed by law, then this obligation shall be void; otherwise it shall be and remain in full force and effect.

AND, in the event that the above bounden PRINCIPAL shall, from and after the effective date of the permit aforesaid, fail in any
respect to faithfully comply with the provisions of the ACT referred to above, we do hereby empower the Attorney General of the
Commonwealth of Pennsylvania, or any attorney of any Court of Record within the Commonwealth of Pennsylvania or elsewhere, to appear
for and enter judgment against us or either of us, or either of our heirs, executors, administrators, successors or assigns, for the above sum with
costs of suits, release of all errors and without stay of execution. And we waive the right of inquisition on any real estate that may be levied
upon to collect the above sum, and we do hereby voluntarily condemn the same and authorize the prothonotary to enter upon the fieri facias
our said voluntary condemnation. And we further agree that said Real Estate may be sold on a fieri facias and hereby waive and release all
relief from any and all appraisalment, stay and exemption laws of any state now in force or hereafter to be passed. And for the entering of such
judgment this shall be sufficient warrant for any such attorney, and a copy of the Bond and Warrant being filed in said action, it shall not be
necessary to file the original as warrant of attorney, any law or rule of court to the contrary notwithstanding.

In witness whereof this instrument has been duly executed by the above-named principal and surety the day and year above written.

AMOUNT OF TEMPORARY BOAT REGISTRATIONS \$ _____

INCORPORATED AGENT SIGN BELOW

(NAME OF CORPORATION)

ATTEST _____ BY _____
SECRETARY PRESIDENT

(SEAL)

PARTNERSHIP AGENT SIGN BELOW

WITNESS:

(NAME OF PARTNERSHIP)

(PARTNER)

INDIVIDUAL AGENT SIGN BELOW

(NAME OF COMPANY, IF ANY)

(INDIVIDUAL)

(NAME OF SURETY)

ATTEST _____ BY _____
(ATTORNEY IN FACT)

(SEAL)

Received _____ day of _____, _____.

IMPORTANT: Please print name underneath each written signature.

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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