

Uniform Surety Bond Form

State/Commonwealth/Territory of

Name of Agency

Address of Agency

Bond No. _____

KNOW ALL PERSONS BY THESE PRESENTS:

That,

Name and address of broker-dealer or investment adviser

as Principal, having filed with the office of the

Name of agency requiring bond

on or about the _____ day of _____, _____, an application to transact
business in this State/Commonwealth/Territory as a

and

Designate whether principal is B/D or I/A

as Surety, a corporation organized
Name and address of Surety

under the laws of the State/Commonwealth/Territory of _____ and being
duly authorized to transact the business of indemnity and suretyship in this
State/Commonwealth/Territory, do hereby acknowledge our indebtedness to the
State/Commonwealth/ Territory of _____ for the use and benefit of any
person(s) having a claim under the conditions of this obligation, in the sum of _____,
Dollars (_____), as required by _____ provided, however, that the

Statute Requiring Bond

aggregate liability hereunder shall not exceed the sum of _____ Dollars,

(_____) regardless of the number of claimants, and shall not be construed as individual liability.

LIABILITY for the payment of this sum, to which we hereby obligate and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, becomes effective upon the following conditions:

1. Registration/Licensing of the Principal to transact business in this State/Commonwealth/Territory as a _____
Designate whether principal is a broker-dealer or investment adviser and
2. Failure by the Principal to strictly comply with all applicable provisions of, and orders, rules and regulations issued pursuant to, the applicable securities statutes of the particular state, commonwealth or territory in which such Principal is registered.

THIS Bond shall expire at such time as the Principal's registration is withdrawn, terminates through non-renewal or issue revoked by the

Name of Agency

except as to liability for acts or omissions which occur prior to such time. This Bond may also be canceled by the Surety upon _____ days written notice by registered mail to the Principal and to the _____ in which case

this Bond shall
Name of Agency

be considered canceled upon the expiration of _____ said days period except as to liability for acts or omissions which occur prior to the date of cancellation. Notice shall be deemed effective upon receipt by the applicable state agency of said written notice along with sufficient proof of notice to the Principal.

NO suit may be maintained to enforce any liability arising under this Bond unless brought within _____ years after discovery of the act or omission upon which liability is based.

IT is understood and agreed that any person(s) having a claim under the conditions of this obligation may initiate suit in any court of competent jurisdiction against the Principal and/or the Surety upon this Bond.

WITNESS OUR SIGNATURES, this the _____ day of _____, _____.

PRINCIPAL

BY

(corporate seal, if applicable)

SURETY

BY

Counter Signature of

Agent of Surety resident

ACKNOWLEDGMENT OF INDIVIDUAL

STATE OF _____)

ss.

COUNTY OF _____)

On this _____, before me personally appeared _____, to me known to be the person described who executed the foregoing instrument, as Principal, an acknowledged to me that he executed the same as his free act and deed.

(NOTARIAL SEAL)

NOTARY PUBLIC,

COUNTY,

MY COMMISSION EXPIRES

ACKNOWLEDGMENT OF PARTNERSHIP

STATE OF _____)

ss.

COUNTY OF _____)

On this _____, before me personally appeared _____, to me known to be a member of the firm who executed the foregoing instrument, and he duly acknowledged to me that he executed the same as and for the act and deed of said firm.

(NOTARIAL SEAL)

NOTARY PUBLIC,

COUNTY,

MY COMMISSION EXPIRES

ACKNOWLEDGMENT OF CORPORATION

STATE OF _____)

ss.

COUNTY OF _____)

On this _____, before me personally came _____ and says that he is the _____ of _____ Principal heretofore name; that he executed the instrument for and in its behalf, by authority of its Board of Director, and affixed its seal thereto.

(NOTARIAL SEAL)

NOTARY PUBLIC,

COUNTY,

MY COMMISSION EXPIRES

NOTE: A true and correct copy of the applicable "Power of Attorney" must be attached hereto where the Bond is subscribed to by an "Attorney in Fact."

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WWW.SINC.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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