LOST SECURITIES BOND For use where the bond has a fixed per	nalty
Bond No	,
Know all men by these presents, that	(Name and Address)
as Principal and The Undersigned Surety	y, are held and firmly bound unto
representatives, successors and assigns a	
lawful money of the United States, to be the Principal and Surety hereby bind the jointly and severally, firmly by these pres	paid to the Obligees, for which payment, well and truly to be made mselves, their heirs, executors, administrators, successors and assigns sents.
Whereas, the principal has represented	that the Principal is the owner of (Describe Securities)
quested the Obligees to issue to the Principal, or to pay the Principal, or the surrender thereof for cancellation; at Whereas, on the faith of the foregoing Obligees have complied or agree to con Now, therefore, the condition of this legal representatives, successors or assign intruments so lost, mislaid, destroyed of them, or into the hands, custody of delivered unto the Obligees for cancell	representation, and in consideration of this bond of indemnity, the
nature and character by reason of sai the issuance of a duplicate or duplicat face amount of such lost, mislaid, des	d lost, mislaid, destroyed or stolen instrument or instruments, of tes in fieu thereof, or the paying or crediting as aforesaid of the troyed or stolen instrument or instruments without the surrender ent of the original thereof whether inadvertent or otherwise, then
SIGNED, sealed and dated this	
Countersigned:	Principal: Surety: Name of Company
Resident Agent	By Attorney-in-Fact
Important: Accounting Information	
Producer Name	AFFIX
Address	CORPORATE
Producer Code	office on the same day executed.

FK 045 (Ed. 06 93) Printed in U.S.A.

SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	CT	
AGENCY PHONE:	AGENCY FA	405107517			
AGENCY ADDRESS:					
(Street)	LOOKING TO BEAT		(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:			
OBLICEE:			EXP.DA		
OBLIGEE ADDRESS: (Street)					
BUSINESS NAME:		(City)	(State)		(Zip)
BUSINESS PHONE:	BUSINESS FAX:		_ Client E-mail		
BUSINESS ADDRESS:					
TYPE OF COMPANY CORP LLC	DBA PARTNERSI	(City)	(State)		(Zip)
DATE BUSINESS ESTABLISHED:	BUSIN	NESS TAX ID:			
HAS ANY COMPANY REFUSED TO ISSUE	YES NO DO	YOU HAVE ANY LII		EMENTS	YES 🗆 NO 🗖
BONDS FOR ANY PURPOSE?		GAINST YOU?		•	YES NO
HAS APPLICANT EVER FAILED IN BUSINES	BOT TEO INO II HA	S APPLICANT EVE	R FILED BANKRUPTCY	7	
SECTION II: GENERAL INFORMATION					
OWNER'S NAME:		SPOUSE NAME			
SS#:SPO	USE SS#	но	ME PHONE:		
RESIDENTIAL ADDRESS:(Street)		(City)	(State)		
ADDITIONAL OWNERS / PARTNERS		(City)	(Sidle)		(Zip)
OWNER'S NAME:		SPOUSE NAME			
SS#:SPO	USE SS#	но	ME PHONE:		
RESIDENTIAL ADDRESS:					
(Street)		(City)	(State)		(Zip)
ASSETS	CIALSTATEMENT OF A	UABILITI LIABILITII			
CASH IN BANK	\$	NOTES PAYABLE		\$	
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 EQUIPM		\$	
EQUIPMENT	\$	DUE ON REAL ESTATE		\$	· · · · · · · · · · · · · · · · · · ·
REAL ESTATE	\$	OTHER LIABILITIES		\$	
OTHER ASSETS	\$			\$	
		SURPLUS & UND	VIDED PROFITS	\$	
		TOTAL LIABILITIE	:S	\$	
		NET WORTH		\\$	
NAME OF OWNERS	NAME & TITLE O	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 Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235