



*State of Rhode Island and Providence Plantations
Department of Business Regulation
Securities Division
1511 Pontiac Avenue
John O. Pastore Complex – Building 69-1
Cranston, RI 02920*

**BOND
OF
PROFESSIONAL FUNDRAISER
TO THE
GENERAL TREASURER OF THE STATE OF RHODE ISLAND**

KNOW ALL MEN BY THESE PRESENTS:

THAT WE _____
(Hereinafter- called the Principal), as Principal, having an office at _____
_____ the state of Rhode Island, and
_____ (Hereinafter called the

Surety), as Surety, a corporation organized under the laws of the state of _____ and duly admitted to transact
business in the state of Rhode Island, are held and firmly bound unto the General Treasurer of the State of Rhode Island and
Providence Plantations in the penal sum of Ten Thousand Dollars (\$10,000), to be paid to the General Treasurer of the
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATION'S, for the benefit of any person referred to in the
conditions of this bond for which payment, well and truly made, we bind ourselves, our heirs, executors, successors and
assigns, jointly and severally, firmly by these presents.

The Conditions of this obligation are such, that _____

WHEREAS, The said Principal has applied to the Department of Business Regulation of the State of Rhode Island
and Providence Plantations for a license to act as a Professional Fundraiser in said State:

The total aggregate liability under this bond is limited to the sum of \$10,000 for any losses resulting from
malfeasance, nonfeasance, or misfeasance in the conduct of solicitation activities.

This bond shall continue in force and effect unless, as to future acts or omissions of the Principal, it is terminated or
cancelled:

By order of said Department; or (2) by the Surety delivering Sixty (60) days written notice to said Department that
the same will be cancelled. Such cancellation or termination shall not effect any liability incurred or accrued hereunder prior
to the termination or cancellation of said bond by said Department or prior to the termination of the sixty (60) day period or
notice if terminated by Surety.

This bond shall take effect on and as of _____,
(month) (day) (year)

SIGNATURE OF SURETY

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____
(day) (month) (year)

(SEAL)

NOTARY PUBLIC

COMMISSION EXPIRES ON

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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Phoenix, AZ 85015 **Fax: (602) 674-8235**
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