

BOND FORM

_____ BOND NUMBER

A surety bond to be provided for license by the South Carolina Manufactured Housing Board incorporated the requirements set forth in Section 40-29-230 (B) (1), South Carolina Code of Laws, 1976 as amended. An acceptable bond form has language such as:

_____ As Principal and _____
Insured's Name Insurance Company's Name
as Surety, are held and firmly bound unto the S.C. Manufactured Housing Board, as Obligee, in the sum of

_____ for which sum, well and truly to be paid.

Amount/Dollars (\$)

Whereas the above bonded Principal has applied to the South Carolina Manufactured Housing Board to be granted a license to do business as a:

- | | |
|--------------------------------------|---------------------------------------|
| _____ Manufactured Home Manufacturer | _____ Manufactured Home Retail Dealer |
| _____ Manufactured Home Salesperson | _____ Multi-Lot Salesperson |
| _____ Manufactured Home Contractor | _____ Manufactured Home Repairer |
| _____ Manufactured Home Installer | |

Whereas the above bonded Principal is required as a condition precedent to being granted such a license to furnish the SC Manufactured Housing Board a good and sufficient surety bond for the license period of

_____ through _____ for the protection of any person as set forth in Section 40-29-230 (B) (1), S.C. Code of Laws, 1976 as amended. Claims may be initiated only through authorization by the board as provided in Section 40-29-230 (B) (1), S.C. Code of Laws, 1976 as amended.

Now, therefore, the condition of this obligation is such that if the above bound Principal well and truly complies with the duties of such licensee and conducts business in conformity therewith, then this obligation shall be null and void; otherwise remain full in force and effect until June 30, 16, or remains continuous.

This bond may be continued in force by issuance of a continuation certificate executed by the Surety per license year in the amount as stated above; however, regardless of the number of claims filed, the liability of the surety shall not exceed \$ _____ for any license year.

Provided, further, that this bond may be canceled by the Surety by sending a notice in writing to the obligee, stating that, not less than thirty (30) days thereafter, liability hereunder shall terminate as to subsequent acts of the Principal.

Sealed and dated this _____ day of _____, _____.

Principal

By _____

Surety

By _____

Attorney-in-Fact

Revised 10/07/04

Personal information provided in this application may be subject to public scrutiny or release under the South Carolina Freedom of Information Act or other provisions of federal and state law.

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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