

**MORTGAGE BROKER
SPECIAL DEPOSIT BOND
STATE OF SOUTH CAROLINA**

Bond Number _____

Effective Date _____

KNOW ALL MEN BY THESE PRESENTS, That the undersigned _____
Name of Managing Principal/Owner/Authorized Officer
as authorized by principal _____ and the undersigned _____
Name of Mortgage Broker Company and d/b/a Name of Surety's Agent
as authorized by surety _____ are firmly held and bound unto the Administrator of the Department of
Name of Surety Company
Consumer Affairs of the State of South Carolina in full and just sum of _____ dollars, to which payment we bind
ourselves and our respective successors and assigns jointly and severally.

Sealed with our seals and dated at _____ this _____ day of _____ in the year of our
Lord _____.

WHEREAS, Section 40-58-40 of the Code of Laws of South Carolina, 1976, as amended, requires that a mortgage
broker deposit and thereafter continuously maintain a bond in the amount of _____ dollars. The bond is to be
executed by a surety company authorized by the laws of this State to transact business in South Carolina and must be for
the use of the State as well as any consumers who have a cause of action against the mortgage broker.

AND WHEREAS, the _____ aforesaid, desires to transact business within the State of South
Carolina in accordance with the terms of its laws and to deposit with the Administrator a good and solvent bond in the sum of
_____ dollars, does by this instrument furnish that bond.

NOW THEREFORE, the condition of this bond is such that if the above principal has failed to comply with the
Licensing of Mortgage Brokers Act, S.C. Code § 40-58-10 et seq. or has failed to provide contracted mortgage broker
services to customers as determined by the Administrator after notice and opportunity for hearing, then we the Beneficiary
(South Carolina Department of Consumer Affairs) are entitled to the sum of _____.

PROVIDED, HOWEVER, that liability hereunder may be terminated either (a) by written notice from the surety to the
Administrator that liability shall terminate upon the expiration of forty five (45) days from the date of such notice, or (b) upon
written authorization mailed to the surety by the Administrator.

IN WITNESS whereof the principal and surety have set their hands and affixed their seals in the manner and form
following:

In presence of witnesses as to principal:
(1) _____
(2) _____

Name of Principal: _____
By: _____
President (Officer)/Managing Principal

In presence of witnesses as to surety:
(1) _____
(2) _____

Name of Surety: _____
By: _____
President (Officer)/Attorney in fact

EXECUTION BY PRINCIPAL AND SURETY MUST BE PROBATED ON REVERSE SIDE.

WITNESS AS TO PRINCIPAL

STATE OF _____,

_____ County.

Before me, the subscribing Notary Public, personally appeared _____
Witness number one (see front of bond)
and made oath that he/she saw the within named _____ Company
represented by _____ sign, seal, and deliver the within Bond, and
that he/she with _____
Witness Number two (see front of bond) subscribed their names as witness thereto.

Sworn to and subscribed before me this
_____ day of _____
A.D., 20____.

(L.S.)
Notary Public

To be signed by witness one or two (see front of bond)

WITNESS AS TO SURETY

STATE OF _____,

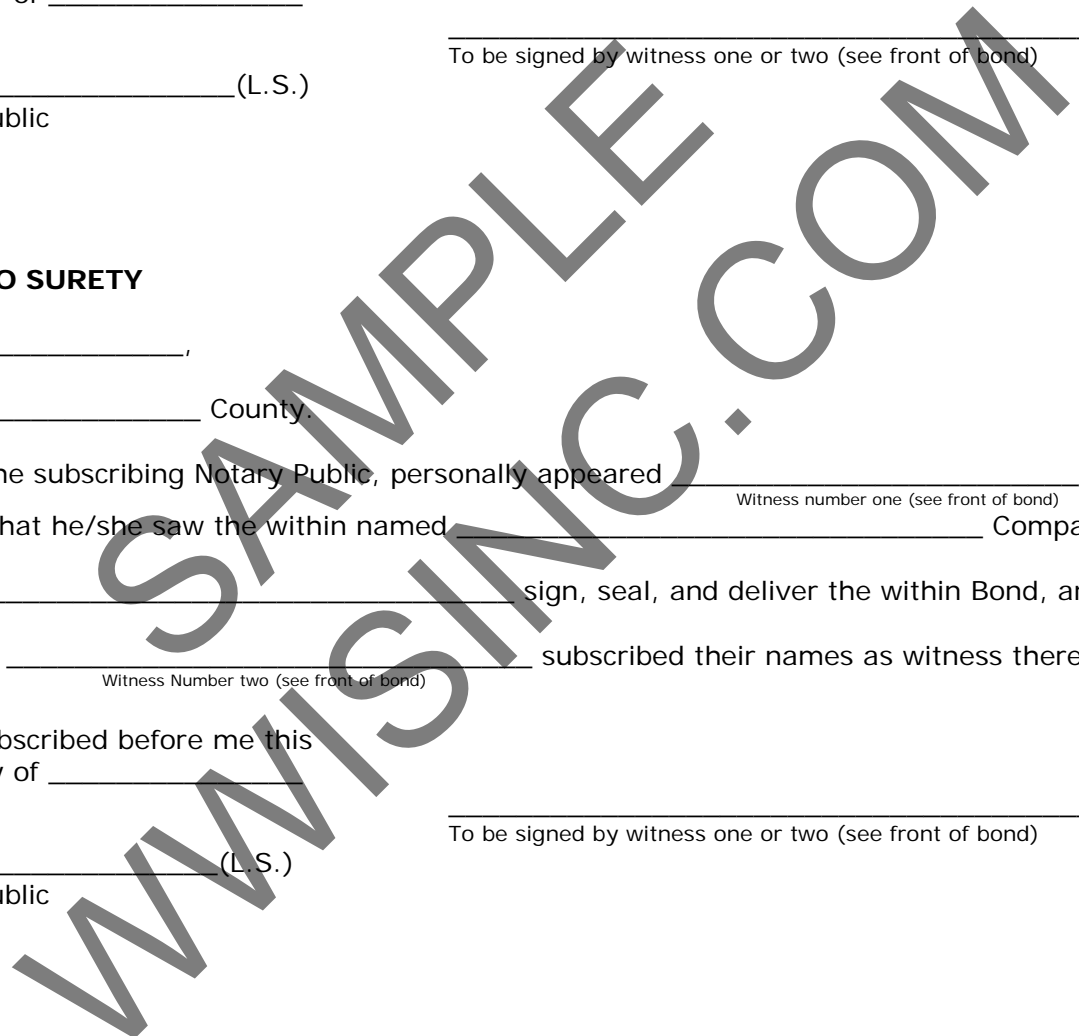
_____ County.

Before me, the subscribing Notary Public, personally appeared _____
Witness number one (see front of bond)
and made oath that he/she saw the within named _____ Company
represented by _____ sign, seal, and deliver the within Bond, and
that he/she with _____
Witness Number two (see front of bond) subscribed their names as witness thereto.

Sworn to and subscribed before me this
_____ day of _____
A.D., 20____.

(L.S.)
Notary Public

To be signed by witness one or two (see front of bond)



Persons executing for the Surety, other than corporate officers, must attach a Power of Attorney authorizing such person to execute surety bonds for the Surety.

Mailing Address of the Surety

Tel. No. _____

Mailing Address of the Department of Consumer Affairs
Department of Consumer Affairs
P.O. Box 5757
Columbia, South Carolina 29250-5757
Telephone Number 803-734-4200

NAME, ADDRESS AND TELEPHONE NUMBER OF SURETY CONTACT IN THE EVENT A CLAIM MUST BE FILED.

NAME: _____
TITLE: _____
ADDRESS: _____

(CITY, STATE AND ZIP CODE)
E-MAIL: _____
TEL. NO. _____
FAX NO. _____

SAMPLE
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**
2424 W. Missouri AVE **Local (602) 749-0702**
Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM