



South Carolina Department of Insurance

Capitol Center, 1201 Main St., Suite 1000
Columbia, South Carolina 29201
Post Office Box 100105
Columbia, South Carolina 29202-3105

Bond No. _____

PREMIUM SERVICE COMPANY BOND

WITNESSETH:

That _____ as principal, and

_____, as surety, are firmly bound unto the Director of Insurance of the State of South Carolina in the penal sum of fifty thousand (\$50,000) dollars, lawful money of the United States, for the payment of which we bind ourselves, our heirs, executors, administrators, successors, and assigns jointly and severally.

The condition of this bond is such that if the said principal shall well and truly do and perform in accordance with all of the provisions and requirements of **Chapter 39 of Title 38, 1976 Code of Laws of South Carolina**, providing for the licensing and regulation of Insurance Premium Service Companies, this bond shall be void and of no effect, otherwise, the same shall be of full force and effect.

Provided, however, that the surety's liability, as to the future only, may be terminated hereunder:

- (a) by notice in writing by the surety to the Director of Insurance of the State of South Carolina stating when, not less than forty (40) days thereafter, the surety's future liability shall terminate, and upon written authorization from the Director of Insurance of the State of South Carolina to said surety; or,
- (b) upon written authorization from the Director of Insurance of the State of South Carolina to said surety.

IN WITNESS WHEREOF, we, the said parties have hereunto set our hands and seal this

_____ day of _____, 20____

ATTEST: _____

Principal

By _____

Title _____

Surety _____

ATTEST: _____

By _____

Attorney-in-Fact

Countersigned By:

Licensed, Resident South Carolina Agent

SSN: _____

STATE OF _____

COUNTY OF _____

Personally appeared before me _____ (witness)
(Witnesses to Surety)
who, being duly sworn, says that she/he saw the within-named principal by _____
(Surety)
its (officer) _____ sign, seal, and as its act or deed deliver the
(Officer of Surety)
within-written bond for the uses and purposes therein mentioned, and she/he witnessed the
execution of the same.

SWORN to and subscribed before me this _____ day of _____, _____

Signature of above Witness to Surety

Notary Public

STATE OF _____

COUNTY OF _____

Personally appeared before me _____ (witness)
(Witnesses to Principal)
who, being duly sworn, says that she/he saw the within-named principal by _____
(Principal)
_____ its (officer) _____ sign, seal, and as its
(Officer of Principal)
act or deed deliver the within-written bond for the uses and purposes therein mentioned, and that
she/he witnessed the execution of the same.

SWORN to and subscribed before me this _____ day of _____, _____

Notary Public

Signature of above Witness of Principal

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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