

**The State of South Carolina
Office of the Secretary of State
Public Charities Division
1205 Pendleton Street, Suite 525
Columbia, SC 29201**

(803) 734-1790

Bond No: _____

Professional Solicitor's Bond

KNOW BY ALL MEN BY THESE PRESENTS, That We _____
(Name of Professional Fundraising Solicitor)

of _____
(Address of Professional Fundraising Solicitor)

AS PRINCIPAL, and _____
(Name of Surety)

of _____
(Address of Surety)

a corporation organized and existing under the laws of the State of _____, and
authorized to transact insurance in the State of South Carolina.
AS SURETY, are held firmly bound to the State of South Carolina for the use of the Secretary of State or his appropriate division
and any person who may have a cause of action against the obligor for losses resulting from malfeasance, nonfeasance, or
misfeasance in the conduct of solicitation activities for any breach of the condition of this obligation in the sum of FIFTEEN
THOUSAND (\$15,000) DOLLARS for the payment of which sum well and truly to be made we behind ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED with our seal, and dated this _____ day of _____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

Whereas, the above-mentioned Principal has applied for or will apply for registration as a Profession Solicitor under the Solicitation
of Charitable Fund's Act.

NOW THEREFORE, if said Principal shall faithfully comply with the provision of said South Carolina Solicitation of Charitable Fund's
Act and with all rules, regulations and orders made pursuant thereto and all amendments thereto now or hereinafter enacted, then
this obligation shall be null and void; otherwise to be and remain in full force and effect.

The liability of the Surety hereon to all persons aggrieved shall in no event exceed in the aggregate fifteen thousand (\$15,000)
dollars in any registration period.

This Bond is a continuous obligation and shall cover the full period or periods of registration of the Principal, including initial and
renewal registrations. Each renewal registration shall be considered a separate registration period for purposes of Bond.

The Principal agrees to furnish the Surety with any information concerning the history and activities, past and present, of any and all
persons, interested in the business as principals, co-partners, officers or directors as the Surety may reasonably require.

The liability hereunder may be terminated (a) by written notice from Surety to Obligee that liability shall terminate upon expiration of
thirty (30) days from the date of such notice or (b) upon written authorization from Obligee addressed to Surety. In either event a
copy of the notice of authorization shall be forwarded to the Principal. In the event of such cancellation by the Surety, the Surety
shall refund any unearned premium.

Signature of Principal Sworn to before me this _____ day of _____, _____

Print Name and Official Position (Signature of Notary)

Signature of Surety My Commission Expires: _____

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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
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
2424 W. Missouri AVE
Phoenix, AZ 85015
E-Mail SAM@WWISINC.COM

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235