

STATUTORY BOND

STATE OF SOUTH CAROLINA,

Bond Number _____

KNOW ALL MEN BY THESE PRESENTS, That we,

as Principal, and _____

_____, as Surety,
are held and firmly bound unto the State of South Carolina, in the penal sum of _____

the payment of which, well and truly to be made, we bind ourselves, and each and every one of us, our heirs, executors and administrators, successors and assigns, firmly by these presents.

SEALED with our seals, and dated this _____ day of _____, Anno Domini two thousand and _____, and in the _____ year of the independence of the United States of America.

WHEREAS, the above bound _____ has been licensed as a **CONTRACT SECURITY** Agency under provisions of Section 40-18-50(B), S.C. Code of Laws as amended, the provisions of such section relating to bond requirements being incorporated herein by reference.

NOW, THE CONDITION OF THE ABOVE OBLIGATION IS SUCH That if the above bound _____ shall well and truly perform the duties of said office, as now or hereafter required by the law, during the whole period he may continue in said office, then the above obligation to be void and of none effect, or else to remain in full force and virtue.

This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than thirty (30) days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

PROVIDE, HOWEVER, that the aggregate liability of the Surety on this bond shall be limited to the amount specified in the bond.

SEALED AND DELIVERED IN THE PRESENCE OF

STATE OF SOUTH CAROLINA

_____ County

The undersigned, appointed to approve the security to be given by the person signing this Bond, as Principal, do hereby certify that the sureties to the within Bond are good and sufficient.

GIVEN under our hands, this _____
Day of _____, 20_____

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 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
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