

STATE OF SOUTH DAKOTA  
SURETY BOND  
(SDCL 37-34-3 DEBT ADJUSTING)

ATTORNEY GENERAL  
OF SOUTH DAKOTA

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That we \_\_\_\_\_

hereinafter called the Principal, and \_\_\_\_\_

hereinafter called the Surety, or Sureties, are held and firmly bound unto the State of South Dakota and all persons with whom the Principal engages in business, in the penal sum of Fifty Thousand Dollars (\$50,000) for the payment of which sum, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of the above obligation is such that:

WHEREAS, the Legislature of the State of South Dakota passed and approved an Act, to require certain persons engaged in the debt adjusting business to file a bond with the Attorney General to legally conduct business within the State as provided under the provisions of SDCL 37-34.

NOW, THEREFORE, if the said Principal shall faithfully perform and pay the obligations of such Principal as a debt adjuster arising in connection with his business, as such, and if said Principal shall pay all claims for damages for which he may become liable in the course of his business as such debt adjuster, then this obligation to be void; otherwise to remain in full force and effect.

Dated this \_\_\_\_\_ day \_\_\_\_\_ of 20 \_\_\_\_\_.

\_\_\_\_\_  
Principal\*

Countersigned by:

\_\_\_\_\_  
South Dakota Resident Agent

\_\_\_\_\_  
Surety\*

\_\_\_\_\_  
Attorney-in-Fact  
(Attach Power of Attorney)

**\*Please complete attached Acknowledgement forms\***

Approved this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Attorney General's Office

ACKNOWLEDGEMENT OF PRINCIPAL

(individual)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, a Notary Public, personally appeared \_\_\_\_\_ known to me to be the person who is described in and who executed the above and foregoing instrument, and acknowledged to me that he executed the same.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
(firm)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, a Notary Public, personally appeared \_\_\_\_\_ who acknowledged himself to be one of the members of the firm of \_\_\_\_\_ and that he, as such member, being authorized so to do, executed the foregoing instrument, for the purposes therein contained, by signing the name of the firm by himself as a member.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_  
(corporation)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, a Notary Public, personally appeared \_\_\_\_\_ who acknowledged himself to be the \_\_\_\_\_ of \_\_\_\_\_ a corporation, and that he as such \_\_\_\_\_ being authorized to do executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

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ACKNOWLEDGEMENT OF SURETY  
(corporation)

STATE OF ARIZONA )  
COUNTY OF MARICOPA )

SS

On this 9 day of JANUARY, 2012 before me, a Notary Public, personally appeared VALERIE ABER who acknowledged himself to be the ATTORNEY-IN-FACT of HARTFORD FIRE INSURANCE COMPANY, a corporation, and that he as such ATTORNEY-IN-FACT being authorized to do executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as ATTORNEY-IN-FACT.

\_\_\_\_\_  
Notary Public

My Commission Expires: JANUARY 24, 2015

## 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

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**