

BOND
THE SALE, ISSUANCE OR DELIVERY OF MONEY ORDER
OR OTHER SIMILAR INSTRUMENTS ACT

SDCL 51A-16

KNOW ALL MEN BY THESE PRESENTS, That _____
(Name of applicant)

(address of applicant)
of the City of _____, County of _____,
and the State of _____, referred to herein as Principal and referred to herein
as Licensee, and _____
_____ of the City of _____
County of _____, State of _____
as Surety, are held and firmly bound unto the State of South Dakota for the use and benefit of any claimant of
the Licensee for any liability incurred with respect to any and all moneys that may become due and owing any
claimant of the Licensee arising out of the Licensee's business in the State of South Dakota of selling or
delivering money orders or other similar instruments for the transmission or payment of money, by the Licensee
in the State of South Dakota, under and by virtue of the provisions of the Sale, Issuance or Delivery of Money
Orders or Other Similar Instruments Act, in the principal sum of _____
(Dollars) (\$) _____) for the payment of which, well and truly to be made, we bind ourselves, our
heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

WHEREAS, aforesaid Licensee has applied for a license under the provisions of the aforesaid Act; and

WHEREAS, the aforesaid Act provides, and includes as a condition precedent to the issuance of license, that applicant shall furnish a corporate Surety Bond,

NOW, THEREFORE, the condition of the foregoing obligation is such that, if the Licensee will faithfully conform to and abide by the provisions of said Law and will pay to any claimant of the Licensee all moneys that become due and owing to such claimant because of any check, draft, money order, personal money order or other instrument for the transmission or payment of money issued and sold by Licensee or any of his agents in the State of South Dakota, then this obligation will be void; otherwise the same will remain in full force and effect.

The Surety shall within ten days after it pays any claim or judgment to any claimant give notice to the Director of Banking by registered mail of such payment, with details sufficient to identify the claimant and the claim or judgment so paid.

The liability of the Surety on this Bond shall not be affected in any way by any misrepresentation, breach of warranty or failure to pay the premium or by any act or omission upon the part of the Licensee nor by the insolvency or bankruptcy of the Licensee or the insolvency of the Licensee's estate, and in the event of the death of dissolution or liquidation of the Licensee, shall continue for one year as in the case of termination by cancellation upon all transactions entered into by the agents of such deceased, dissolved or liquidated Licensee within a period of thirty days after the death, dissolution or liquidation of the Licensee or termination of the Bond, whichever date shall first occur, provided, however, that such transactions were entered into a good faith by such claimants. In the event that a judgment recovered against the Licensee or its legal representative or successor by any such claimant on a claim arising or a transaction entered into during the life of the Bond shall remain unsatisfied after the expiration of thirty days from the service of notice of entry of judgment upon the Licensee or upon his legal representative or successor or upon the attorney for the Licensee, and upon the Surety, then an action may be maintained against the Surety under the terms of this bond for the amount of such judgment not exceeding the amount of the bond, except during a stay of execution of such judgment against the

Licensee or his legal representative or successors. Such claimants may bring suit directly against the Surety, or the Attorney General may bring suit against the Surety on behalf of such claimants in one or more actions.

The Surety may at any time terminate its obligation hereunder by giving notice to the Division of Banking by registered or certified mail with return receipt requested, the cancellation to be effective not less than ninety days after receipt by the Director of Banking of such notice. The Surety shall not be discharged from any liability already accrued or which shall accrue under the Bond before the expiration of said ninety-day period, and shall remain liable thereon for one year thereafter as provided by SDCL 51A-16.

This Bond becomes effective as of the date the Director of Banking issues a license to the Licensee and shall continue until canceled as aforesaid.

The aggregate liability of the Surety hereunder for any and all claims or judgments to one or more claimants shall not exceed the principal amount of this Bond.

IN WITNESS WHEREOF, the parties hereto have hereunto set our hands and affixed our seals this _____ day of _____, 20_____.

SEAL

Principal-Licensee
By _____
Title

SEAL

Surety
By _____
Title

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