



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE

DIVISION OF CONSUMER AFFAIRS
500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER, FIFTH FLOOR
NASHVILLE, TENNESSEE 37243-0060

(615) 741-4737

TN TOLL FREE 1-800-342-6385
FAX 615-532-4994

Bond No. _____

STATE OF TENNESSEE – HEALTH CLUB SURETY BOND

KNOW ALL MEN BY THESE PRESENTS:

That we, _____, Principal of
Health Club Operator

_____, and _____, a surety organized

Complete Address _____
under the laws of the State of _____ and authorized to do business in the state
of **TENNESSEE**, are held firmly bound unto the **STATE OF TENNESSEE** as obligees for the use of the
**TENNESSEE DIVISION OF CONSUMER AFFAIRS, DEPARTMENT OF COMMERCE AND
INSURANCE in the full penal sum of TWENTY-FIVE THOUSAND & NO/100 DOLLARS** lawful
money of the United States of America. We bind ourselves, our heirs, executors, administrators, successors
and assigns, jointly and severally, firmly by these presents.

WHEREAS the above bonded principal has applied to the **TENNESSEE DIVISION OF CONSUMER
AFFAIRS, DEPARTMENT OF COMMERCE AND INSURANCE** to be registered pursuant to TENN.
CODE ANN. §§ 47-18-301, *et seq.*, as a Health Club Operator.

NOW THEREFORE, the condition of this obligation is that the principal shall upon order of a court of
this state issued in an action brought by the attorney general and reporter of this state make full restitution
of any fees, meaning the payment of money or any other thing of value, which have been made by a
consumer pursuant to the terms of a health club agreement.

THE TERM of this bond is continuous, however the Surety shall have the right to cancel this bond at any
time by written notice stating when the cancellation shall take effect, and served upon or sent by certified
mail to the Director of the Tennessee Division of Consumer Affairs, 500 James Robertson Parkway, Fifth
Floor, Nashville, TN 37243-0600, at least thirty (30) days prior to the effective date of the cancellation.
Regardless of the number of years this bond may remain in force, the liability of the surety shall not be
cumulative, and the aggregate liability of the surety for any and all claims, suits or actions under this bond
shall not exceed the sum of \$25,000.00.

NO RIGHT of action shall accrue, upon or by reason of the Bond, to or for the use or benefit of any one
whatsoever other than the Obligee named herein.

Date Issued (Renewed) _____

Expiration Date _____

Principal

By: _____

Address

Surety

By: _____
Attorney-in-Fact

Seal of Company affixed hereto will
Represent Power of Attorney

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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