

**V. BOND**

**BOND NO.** \_\_\_\_\_

**MORTGAGE BROKER, LENDER OR SERVICER**

KNOW ALL PERSONS BY THESE PRESENTS: that (Name and complete business address of Company for which bond is being made) \_\_\_\_\_ aaaaaaaaaaaaaaaaaa  
aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa."cu'Rtlpek cn"(Namg"end eomplete"dusiness cddress"qf"Dond'Eompany)

\_\_\_\_\_ which is authorized to conduct a general surety business in the state of Tennessee, as Surety, are each held and firmly bound unto the State of Tennessee, Department of Financial Institutions ("Department"), for the benefit of any person injured by the wrongful act, default, fraud or misrepresentation of the Principal or the Principal's employees, or both, under the Tennessee Residential Lending, Brokerage and Servicing Act of 1988, Tenn. Code Ann. §§ 45-13-101, *et seq.* (the "Act"), in the penal sum of \_\_\_\_\_ Dollars (\_\_\_\_\_), lawful money of the United States of America, for the payment whereof well and truly to be made, the Principal and Surety hereby bind themselves and their successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has applied to the Commissioner of the Department of Financial Institutions for a license to conduct business in Tennessee under the provisions of the Act; and

WHEREAS, the Act requires the Principal to file with the Commissioner a surety bond payable to the State of Tennessee for the benefit of any person injured by the wrongful act, default, fraud or misrepresentation of the Principal or the Principal's employees, or both;

NOW, THEREFORE, the conditions of this obligation are such that if the Principal and the Principal's employees shall well and faithfully conform to and comply with the Act, and with all Rules, Bulletins and Opinions promulgated thereunder, and if the Principal shall promptly pay any and all monies that may become due or owing to the Commissioner of the Department of Financial Institutions and any person or persons under the Act, Rules, Bulletins or Opinions, then this obligation shall be null and void; otherwise, it shall remain in full force and effect.

THIS BOND shall be effective from and after \_\_\_\_\_ aaaa, and shall remain in force for a period of one (1) year, with such period ending on \_\_\_\_\_ December 31 \_\_\_\_\_, aa \_\_\_\_\_. Pursuant to Tenn. Code Ann. § 45-13-106(b), this bond shall be maintained by the Principal for not less than twenty-four (24) months following the expiration, revocation, suspension or surrender of the Principal's license under the Act. This bond may be continued in force for an additional term or terms by continuation statements acceptable to the Commissioner; provided, however, that regardless of the number of years this bond remains in effect, in no event shall the Surety's liability hereunder exceed the penal amount of the bond.

IN WITNESS WHEREOF, the Principal and Surety have duly executed, or caused to be executed, this bond on the \_\_\_\_\_ day of \_\_\_\_\_, aaaa \_\_\_\_\_.

IN THE PRESENCE OF:

\_\_\_\_\_  
Principal \_\_\_\_\_(Seal)

By: \_\_\_\_\_(Seal)  
Title

\_\_\_\_\_  
Surety \_\_\_\_\_(Seal)

By: \_\_\_\_\_(Seal)  
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	\$
<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.

<b>Worldwide Insurance Specialists, Inc</b> 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail <a href="mailto:SAM@WWISINC.COM">SAM@WWISINC.COM</a>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
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