

**TITLE INSURANCE AGENT'S BOND**

**STATE OF TENNESSEE**

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

KNOW ALL MEN BY THESE PRESENTS, That we, \_\_\_\_\_

Principal and \_\_\_\_\_, a corporation duly authorized to transact surety business in the State of Tennessee, as Surety, are held and firmly bound unto the State of Tennessee, as Surety, are held and firmly bound unto the State of Tennessee in the full and penal sum of Twenty-Five Thousand Dollars, (25,000), lawful money of the United States of America, for the payment of which, well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, That, Whereas, the above bounden Principal is now licensed to engage or continue in the business of a Title Insurance Agent, in accordance with the provisions of the Insurance Laws of the State of Tennessee and desires to give bond as required by the said laws of the said state.

WHEREAS, the Principal has applied to the Insurance Commissioner of the State of Tennessee for a license as a Title Insurance Agent and is required by Title 56, Chapter 35, Tennessee Code Annotated, to give this bond.

NOW THEREFORE, the condition of the above obligation is such, that if the above bounden Principal shall fully account and pay to the person entitled thereto, all funds belonging to such person which may come into the possession of said Principal through insurance transactions under his Title Insurance Agent's license while this bond remains in force, and shall conduct his business as Title Insurance Agent in full compliance with the insurance laws of said state, then this bond shall be void and of no effect; otherwise, to remain in full force and virtue.

PROVIDED, That the aggregate liability hereunder for all causes of action arising during the period for which this bond is written shall not exceed the total sum of Twenty-Five Thousand Dollars, (25,000) and provided further that this bond may be canceled by the Surety upon the giving of thirty (30) days prior notice to The Department of Insurance, except that such notice shall not be effective as to claims arising out of any transactions prior to the effective date thereof.

In WITNESS WHEREOF, The said Principal has hereunto set his hand and seal, and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed the day and year first above written.

EFFECTIVE \_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

## 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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐  
BONDS FOR ANY PURPOSE? AGAINST YOU?

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**  
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