

TITLE INSURANCE PRODUCER'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 (_____)
_____ **Dollars**, 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 _____, _____.

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 not 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 _____ **Dollars** (_____)
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

Attorney-in-Fact

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.

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| 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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