

Surety Bond No. \_\_\_\_\_

Date \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENT, that we, \_\_\_\_\_,  
Principal and \_\_\_\_\_ Insurance Services, Surety, are  
held and firmly bounded unto Appalachian Oil Company, Inc. In the penal sum of  
\_\_\_\_\_ Thousand Dollars (\$ \_\_\_\_\_) for which payment well and  
truly to made, the said Principal binds himself and his legal representatives, successors  
and assigns, jointly and severally. The condition of the foregoing obligation is as  
follows:

NOW THEREFORE, if said Principal shall well and truly pay all accounts owed by them  
to Appalachian Oil Company, Inc., and/or its successors and assigns, for rent, goods,  
merchandise or services provided by it to the principals, when due in the regular course  
of business, then this obligation shall be void, but otherwise shall be and remain in full  
force and effect.

The surety reserved the right to cancel this bond at any time by giving thirty (30) days  
notice in writing to Appalachian Oil Company, Inc., 1992 Highway 75, P. O. Box 1500,  
Blountville, Tennessee 37617-1500.

By \_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

By \_\_\_\_\_  
Attorney in Fact

Appalachian Oil Company, Inc.

By \_\_\_\_\_  
Secured Party

## 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.

**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**