

**COMMERCIAL TELEPHONE SOLICITOR'S BOND**  
**Tex. Bus. & Comm. Code Ann. Ch. 303 (West 2009)**

**TEXAS DEPARTMENT OF INSURANCE REFERENCE NUMBER: TDI-98-BB155-PF**

BOND NUMBER: \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS:

That, we \_\_\_\_\_,  
\_\_\_\_\_, as Principal, whose  
address is \_\_\_\_\_,  
and \_\_\_\_\_, as Surety, and being a  
surety company authorized to do business in the State of Texas, are held and firmly bound unto the  
State of Texas, in the sum of FIFTY THOUSAND DOLLARS (\$50,000.00), lawful money of the  
United States of America, payable to the state for the use and benefit of the state or any injured party,  
by reason of the Principal's failure to comply with the provisions of Tex. Rev. Civ. Stat. Ann. Art.  
9023e (Vernon's 1997)(the "Act"), 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.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT:

Whereas, the above Principal is engaged in the business of commercial telephone solicitation  
for an organization related to law enforcement in accordance with the provisions of the Act;

NOW, THEREFORE, if the Principal shall conduct the business of said Principal in  
accordance with the provisions of the Act, and if said Principal in the course and scope of the  
business of said Principal shall not damage any person by any violation of the Act, then this  
obligation shall be void, otherwise to remain in full force and effect.

THIS BOND IS SUBJECT TO THE FOLLOWING CONDITIONS:

1. This bond shall also be construed to be in favor of any person damaged by any violation  
of the Act, including the Texas Attorney General in his capacity as protector of the public  
interest and enforcer of the provisions of the Act.
2. That any person injured by violation of this Act may bring an action against the Principal  
and Surety on this bond.

3. That the aggregate liability of the Surety for any claim arising under this bond shall not exceed the actual damages for the Principal's violation of this Act which damages shall include, but not be limited to, civil penalties and costs, expenses and attorney's fees recoverable under the Act. In no event shall the aggregate liability of the Surety for any and all claims which arise under this bond exceed the amount of the bond.

4. The bond shall not be subject to cancellation by either the Principal or the Surety unless written notice of intention to cancel is forwarded by the Surety and/or the Principal to the Secretary of State, Statutory Documents Section, at least ninety (90) days prior to the effective date of the cancellation. If the cancellation is at the request of the Surety, the Surety shall also provide the Principal with written notification at least ninety (90) days prior to the effective date of cancellation.

In witness whereof, said PRINCIPAL AND SURETY have executed this bond, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

SURETY BY: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Countersigned by: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

PRINCIPAL: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name & 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: \_\_\_\_\_

TYPE OF COMPANY CORP ☐ LLC ☐ DBA ☐ PARTNERSHIP ☐ HOW MANY OWNERS? \_\_\_\_\_  
(Street) (City) (State) (Zip)

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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