



**Texas Department of Insurance**

**Applications Section:** Mail Code 107-1A  
P.O. Box 149104 Austin, Texas 78714-9104

512-322-3503 telephone • 512-322-4209 fax • [www.tdi.state.tx.us](http://www.tdi.state.tx.us)

**Discount Health Care Program Operator Surety Bond**

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

**Know All Persons by These Presents:**

That we, \_\_\_\_\_,

as Principal, whose address is \_\_\_\_\_,

and \_\_\_\_\_, as Surety, being a surety company authorized to do business in the State of Texas, are bound to the Texas Department of Insurance in the penal sum of Fifty Thousand Dollars (\$50,000.00) in accordance with the *Texas Insurance Code* §562.103(f). Said money is payable to the Texas Department of Insurance in acceptable currency of the United States. By this instrument, we jointly and severally firmly bind ourselves, our heirs, executors, administrators, successors and assignees.

**The conditions of the above obligations are:**

**WHEREAS** the above named Principal has applied to the Texas Department of Insurance for a registration as a Discount Health Care Program Operator to engage in or continue the business of operating a discount health care program in accordance with all applicable provisions of the *Texas Insurance Code* and applicable rules of the Texas Department of Insurance;

**WHEREAS**, PRINCIPAL is required to provide this bond as a condition to obtaining or maintaining such a registration pursuant to the *Texas Insurance Code* §562.103(f).

**NOW, THEREFORE**, the condition of this Bond is that if the Principal shall pay to the Texas Department of Insurance all funds necessary for the payment of eligible member claims:

- (1) on the determination by the Texas Department of Insurance that funds are necessary for the payment of such claims following compliance with all applicable provisions of the *Texas Insurance Code* and applicable rules of the Texas Department of Insurance; or
- (2) upon final judgment against the Principal arising from such a claim.

then this obligation shall be null and void. If this obligation is not void, it remains in full force and effect, subject to the following conditions:

- 1. As of \_\_\_\_\_ this bond will be in full force and effect for the time period Principal is registered as a Discount Health Care Program Operator unless earlier terminated. Continuation or renewal certificates are unnecessary.
- 2. This bond may not be used to maintain and demonstrate proof of financial responsibility for any other obligation.
- 3. This bond must not be used to demonstrate professional responsibility for any other registration or individual or entity.
- 4. The Surety may, at any time, cancel this bond by submitting written notice by certified mail to the Texas Department of Insurance thirty (30) days prior to the cancellation date. The Surety, however, remains liable for any defaults under this bond committed prior to the cessation date of the registration or of the termination date.

The Texas Department of Insurance may make claims against the bond for one year after the Principal ceases to be registered in the State, or for one year after the bond is terminated, based on actions within the registration and bond period.

In no event shall the aggregate liability of the Surety under this bond for any and all damages to one or more claimants exceed the penal sum of this bond.

**IN WITNESS WHEREOF** said Principal and Surety have executed this bond

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to be effective the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
PRINCIPAL

\_\_\_\_\_  
BY

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SURETY

\_\_\_\_\_  
BY

\_\_\_\_\_  
ADDRESS

## 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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