

Texas Department of Insurance

Financial Regulation Division – Title Licensing Office
Mail Code 104-2T, 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
512-322-3482 telephone • www.tdi.texas.gov

TEXAS ESCROW OFFICERS SCHEDULE BOND

| Title Agency: FULL LEGAL NAME INCLUDING DBA | |
|--|------------------------|
| Title Agency Texas Physical Address: | |
| KNOW ALL PERSONS BY THESE PRESENTS, that the ################################## | |
| Surety: | |
| Address: | |
| (Insert Name and Address of Surety Company) | |
| as Surety is held and firmly bound unto the Texas Department of Insurance of the State of Texas at Au | ustin |
| in the penal sum of for each Escrow Officer shown on the attached schedule as acting for | the |
| Employer Title Insurance Agent/Direct Operation referred to above but the aggregate liability of the s for all such Escrow Officers for any and all losses shall in no event exceed said penal sum for the pay of which, well and truly to be made, the Surety binds itself, its successors and assigns by these present | urety ment |
| WHEREAS, each Escrow Officer named in the attached schedule has been duly licensed to a such capacity by the Texas Department of Insurance and is currently in the employ of said Employer Insurance Agent/Direct Operation and | |
| WHEREAS, under article 9.45 of the Texas Title Insurance Act, said Title Insurance Agent/D Operation is required to procure this bond on its Escrow Officers. | rect |
| NOW, THEREFORE, the condition of the foregoing obligation is such that if each Escrow O named in the attached schedule shall pay to the Texas Department of Insurance such pecuniary which the above named Title Insurance Agent/Direct Operation shall sustain while this bond is in a through acts of fraud, dishonesty, forgery, theft, embezzlement or willful misapplication on the part of Escrow Officer, either directly or alone, or in connivance with others, then this obligation shall be otherwise to remain in full force and effect. | loss effect such |
| This bond shall be effective as of the beginning of theday of,, and shall continue until liability hereunder is terminated as provided herein below. | |
| The Surety may at any time terminate its liability under this bond as to any or all Escrow Office the attached list by giving thirty (30) days written notice to the Employers Title Insurance Age Operation, named above, and to the Texas Department of Insurance of the State of Texas at its office Austin and at the end of said 30 days, liability of the Surety for any and all further acts of such officers shall cease. | ent/Direct ce in |
| Signed, Sealed and Dated thisday of, AWX . | |
| | |
| (Name of Surety Company) | |
| Attorney-in-Fact | — |
| Local Recording Agent | |

SURETY BOND APPLICATION

| AGENCY NAME: | | | AGENCY CONTA | CT | |
|--|--------------------|----------------------------------|--------------------|-------------------------|---------------------------------------|
| AGENCY PHONE: | AGENCY FA | AGENCY FAX: E-MAIL: | | | |
| AGENCY ADDRESS: | | | | | |
| (Street) | LOOKING TO BEAT | | (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: | | | |
| OBLICEE: | | | EXP.DA | | |
| OBLIGEE ADDRESS: (Street) | | | | | |
| BUSINESS NAME: | | (City) | (State) | | (Zip) |
| BUSINESS PHONE: | BUSINESS FAX: | | _ Client E-mail | | |
| BUSINESS ADDRESS: | | | | | |
| TYPE OF COMPANY CORP LLC | DBA PARTNERSI | (City) | (State) | | (Zip) |
| DATE BUSINESS ESTABLISHED: | BUSIN | NESS TAX ID: | | | |
| HAS ANY COMPANY REFUSED TO ISSUE | YES NO DO | YOU HAVE ANY LII | | EMENTS | YES 🗆 NO 🗖 |
| BONDS FOR ANY PURPOSE? | | GAINST YOU? | | • | YES NO |
| HAS APPLICANT EVER FAILED IN BUSINES | BOT TEO INO II HA | S APPLICANT EVE | R FILED BANKRUPTCY | 7 | |
| SECTION II: GENERAL INFORMATION | | | | | |
| OWNER'S NAME: | | SPOUSE NAME | | | |
| SS#:SPO | USE SS# | но | ME PHONE: | | |
| RESIDENTIAL ADDRESS:(Street) | | (City) | (State) | | |
| ADDITIONAL OWNERS / PARTNERS | | (City) | (Sidle) | | (Zip) |
| OWNER'S NAME: | | SPOUSE NAME | | | |
| SS#:SPO | USE SS# | но | ME PHONE: | | |
| RESIDENTIAL ADDRESS: | | | | | |
| (Street) | | (City) | (State) | | (Zip) |
| ASSETS | CIALSTATEMENT OF A | UABILITI LIABILITII | | | |
| CASH IN BANK | \$ | NOTES PAYABLE | | \$ | |
| CASH ON HAND | \$ | NOTES PAYABLE | TO OTHERS | \$ | |
| STOCKS & BONDS | \$ | ACCOUNTS PAYA | BLE | \$ | |
| ACCOUNTS RECEIVABLE | \$ | FEDERAL & STAT | E 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 & UND | VIDED PROFITS | \$ | |
| | | | | | |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES \$ | | | |
| | | NET WORTH | | \\$ | |
| NAME OF OWNERS | NAME & TITLE O | 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 2424 W. Missouri AVE Phoenix, AZ 85015 Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235