## NOTARY PUBLIC BOND

KNOW ALL MEN BY THESE PRESENTS	OW ALL MEN BY THESE PRESENTS		
That We,			
			Utah
STREET	CITY	COUNTY	ZIP
as principal, and			
authorized to transact a surety business in the State of Uta	ah, as surety, are held an		te of Utah, in the sum of ful money of the United
States, for which payment well and truly to be made, we be jointly and severally, firmly by these presents.	ind ourselves, our heirs,		
The Condition of the above obligation is such: The	nat whereas, the Governo	or of the State of Utah is ab	out to appoint the above
		a Notary Put	olic in and for the County
of State of Utah, For the terr	m beginning	and ending	
Now, Therefore, if the said			
shall well and truly perform the duties of NOTARY PUBLIC the commission aforesaid, according to law, and faithfully enacted subsequent to the execution of this bond, then this	discharge the duties whi	ich may be required of him	by any law that may be
Witness our hands and seals this day of	, A	.D	
	7. (	<b>)</b> *	(SEAL)
C	16		
	By:		Attorney-in-Fact
STATE OF UTAH			
COUNTY OF			
I do solemnly swear that I am over the age of eighteen obey and defend the Constitution of the United States, and the Constitution of the United States	years, and that I am a bonanstitution of this State, and t	a fide resident of the State of L hat I will discharge the duties of	Itah, and that I will support, my office with fidelity.
Subscribed and sworn to before me this o	day of	, A.D	
BDU-1366			

## SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	\СТ		
AGENCY PHONE:	AGENCY FA	AGENCY FAX: E-MAIL:				
AGENCY ADDRESS:						
(Street)	TO DOUBLE TO DEAT		(City)	(State)	(Zip)	
CURRENT OR EXPIRING QUOTE WE AF	E LOOKING TO BEAT?					
NAME OF PREVIOUS SURETY COMPAN	IY 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  PARTNERS	(City) HIP  HOW MANY (	(State) DWNERS?		(Zip) 	
DATE BUSINESS ESTABLISHED:	BUSIN	NESS TAX ID:				
HAS ANY COMPANY REFUSED TO ISSUE	YES NO DO	YOU HAVE ANY LII		SEMENTS	YES 🗆 NO 🗖	
BONDS FOR ANY PURPOSE? HAS APPLICANT EVER FAILED IN BUSINI		SAINST YOU?	7 FU FD DANKDURTOV	·0	YES   NO	
TIAG ALT EIGANT EVERT AILED IN BOOM	-00: 123   NO   HA	AS APPLICANT EVE	R FILED BANKRUPTUT	•		
SECTION II: GENERAL INFORMATION	9	SPOUSE NAME				
OWNER'S NAME:SP:	OUSE SS#		ME DHONE:			
RESIDENTIAL ADDRESS:		10	MIL 1 11014L.			
(Street)		(City)	(State)		(Zip)	
ADDITIONAL OWNERS / PARTNERS OWNER'S NAME:	5	SPOUSE NAME				
SS#:SP		<del></del>	ME PHONE:			
RESIDENTIAL ADDRESS:						
(Street)		(City)	(State)		(Zip)	
	ICIALSTATEMENT OF A					
ASSETS CASH IN BANK		LIABILITII NOTES PAYABLE				
CASH IN BANK	\$	NOTES PAYABLE		\$		
STOCKS & BONDS	\$ \$	ACCOUNTS PAYA		\$		
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)		\$	<del></del>	
O THE TROOP IS	\$	SURPLUS & UNDIVIDED PROFITS		\$		
				<del></del>		
TOTAL ASSETS	s	TOTAL LIABILITIES \$				
		NET WORTH		s		
NAME OF OWNERS	NAME & TITLE O	NAME & TITLE OF OFFICERS		PERCENTAGE OF OWNERSHIP		
THE OF OTHER	TOTAL GITTLE C	. 51110210				
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L			<u> </u>			

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