

Effective Date: _____

**STATE OF UTAH
PRIVATE INVESTIGATOR LICENSE BOND**

Bond No. _____

KNOW ALL PERSONS BY THESE PRESENTS, that we, _____

_____, as Principal, and _____,
a corporation licensed to transact fidelity and surety business in the State of Utah, as Surety, are held and firmly bound unto the
STATE OF UTAH BUREAU OF CRIMINAL IDENTIFICATION, as Oblige, for the benefit of any person injured by any
acts of the Principal as an apprentice or registrant under the Utah Private Investigator Regulation Act (the "Act"), in the sum of
TEN THOUSAND DOLLARS (\$10,000.00), lawful money of the United States, for which payment well and truly to be made,
we bind ourselves, our heirs, executors, administrators, successors and assigns, firmly by these presents.

WHEREAS, the above bounden Principal has applied for a license to act as an apprentice or registrant pursuant to the Act
and is required to provide this bond pursuant to Utah Stat. Ann. § 53-9-110.

NOW, THEREFORE, the condition of this obligation is such, that if the Principal shall compensate any person injured by
any acts of the Principal as an apprentice or registrant under the Act, then this obligation shall be null and void; otherwise to
remain in full force and effect.

PROVIDED, this bond is continuous and shall run concurrently with the license period and shall remain in full force until (1) the
Principal's license is terminated, or (2) this bond is cancelled by the Surety upon thirty (30) days' notice in writing to the Oblige
and the Principal, whichever occurs first. The Surety shall be relieved of any further liability under this bond thirty (30) days after
such notice is sent by first class U.S. mail. No cause of action shall lie against the Surety unless commenced within two years
from the date the cause of action accrues against the Principal. Regardless of the number of years this bond shall continue in force
and the number of premiums which shall be payable or paid, the Surety's total limit of liability shall not be cumulative from year
to year or period to period, and in no event shall the Surety's aggregate liability to all persons or entities making claims exceed the
amount set forth above, or as amended by rider.

Signed and dated this _____ day of _____, _____.

_____, Principal

By _____

_____, Surety

By _____
, Attorney-in-Fact

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 | \$ |
| | | | |
| 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 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail SAM@WWISINC.COM | Toll Free: (888) 518-8011 Local (602) 749-0702 Fax: (602) 674-8235 |
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