_____   Bond   No. _____

(Surety's Name)

_____
_____
_____
(Surety's Address and Telephone No.)

SURETY BOND

1.   KNOW ALL PERSONS BY THESE PRESENTS, that we, ___aaaa_____ ,
as Principal, and _____aaa_____ a corporation of the State of
_____having its principal office at ___aaaa_____ duly licensed with
the Utah Department of Insurance, as Surety, are held and firmly bound to the Division of
Consumer Protection of the Department of Commerce of the State of Utah in the sum of
_____a_____ Dollars (aa_____), for the payment of which said
Principal and Surety hereby bind themselves, their heirs, administrators, executors,
successors, and assigns, jointly and severally, to pay said sum.

2.   THE CONDITIONS OF THIS BOND are such that the Principal,
_____aaaa_____, seeks to obtain a license from or registration with, the Division
of Consumer Protection, State of Utah, to carry on business as _____aa_____.
That business is subject to the laws of the State of Utah and the administrative rules adopted
thereunder.

3.   THEREFORE, if the Principal, [Registrant], shall during the period beginning on
_____ day of _____aaa____, aaaa___ and ending on _____ day of _____a_____, aaaa___,
faithfully observe and honestly comply with the provisions of all statutes and rules of Utah
law applicable to the Principal's business, and shall indemnify the Division of Consumer
Protection and all consumers as set forth in those laws, then this obligation shall become void
and of no effect, otherwise to remain in full force and effect.

4.   IT IS UNDERSTOOD AND AGREED that this bond may be renewed from year to
year by continuation certificate executed by said Surety, and that regardless of the number of
years this bond remains in effect or the number of times it is renewed, in no event shall the
Surety be liable for an amount exceeding the sum set forth above. It is also understood and
agreed that the Surety may at any time, with ninety (90) days written notice to the Division of
Consumer Protection, terminate its liability herein, except that the Surety shall be liable for
any losses occurring while this bond is in full force and effect.

          SIGNED AND DATED this _____ day of _____, aaa____.

_____   _____
(Type or Print Surety's Name)   (Type or Print Principal's Name)

By:_____   By:_____

Its: Its:

06/2010

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