

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

PO Box 1163 • Richmond, VA 23218
(804) 371-0511 • Fax: (804) 225-2666 • www.vdacs.virginia.gov

OCRP-74 Revised 11/13

CREDIT SERVICES BUSINESS BOND

STATE OF _____ BOND NUMBER _____

COUNTY/CITY OF _____

KNOW ALL PEOPLE BY THIS DOCUMENT: That we _____
(Name of Credit Service Business)

of _____
(Address)

as Principal, and _____
(Name)

and _____
(Address)

as Corporate Surety are held and firmly bound unto the COMMONWEALTH OF VIRGINIA, for the use and benefit of every person who is damaged as a result of a violation by the Principal of the Credit Service Businesses Act (the "Act"), Virginia Code §59.1-335.1 et. seq., and also bond directly unto any person damaged by such practice or actions of the Principal, in the hereunder, in the full and just sum of _____

_____ THOUSAND DOLLARS AND ZERO CENTS
(Amount in Words)

(_____) to the payment of which we hereby bind ourselves, our heirs, administrators,
(Amount in Figures)

executors, successors and assigns, jointly and severally, firmly by this document.

The conditions of the obligation are such that:

WHEREAS, by §59.1-335.4, Code of Virginia, Credit Services Businesses are required to give bond in the amount specified in such form as shall be approved by the Commissioner of the Virginia Department of Agriculture and Consumer Services, conditioned upon a full compliance with the provisions of the Act.

NOW, THEREFORE, the condition of this obligation is such that if the above-named Principal shall faithfully and truly comply with all requirements of it under the Credit Service Business Act, then this obligation shall be void, otherwise to remain in full force and effect.

The aggregate accumulated liability of the Surety under this bond, for any and all claims which may accrue during the term hereof, shall in no event exceed the amount of the bond.

This bond shall become effective on the _____ day of _____, at twelve and one minute o'clock A.M., Eastern Time, and continues in effect until the Surety withdraws this bond by giving 60 days advance written notice by registered mail to the Commissioner of the Virginia Department of Agriculture and Consumer Services, provided such withdrawal shall not release said Surety from any liability existing hereunder at the time of the effective date of the said withdrawal, and further provided that the aforesaid 60 days shall begin to run on the day following the Commissioner's receipt of notice.

More particularly, all credit services business contracts of the Principal shall continue to be protected by this bond, even though no cause of action has accrued at the time of the services business principal during the effective dates of the bond, until the running of the statute of limitations on actions claiming against this bond.

Signed, sealed and dated this _____ day of _____, 200

Principal (SEAL)

Surety (SEAL)

By _____

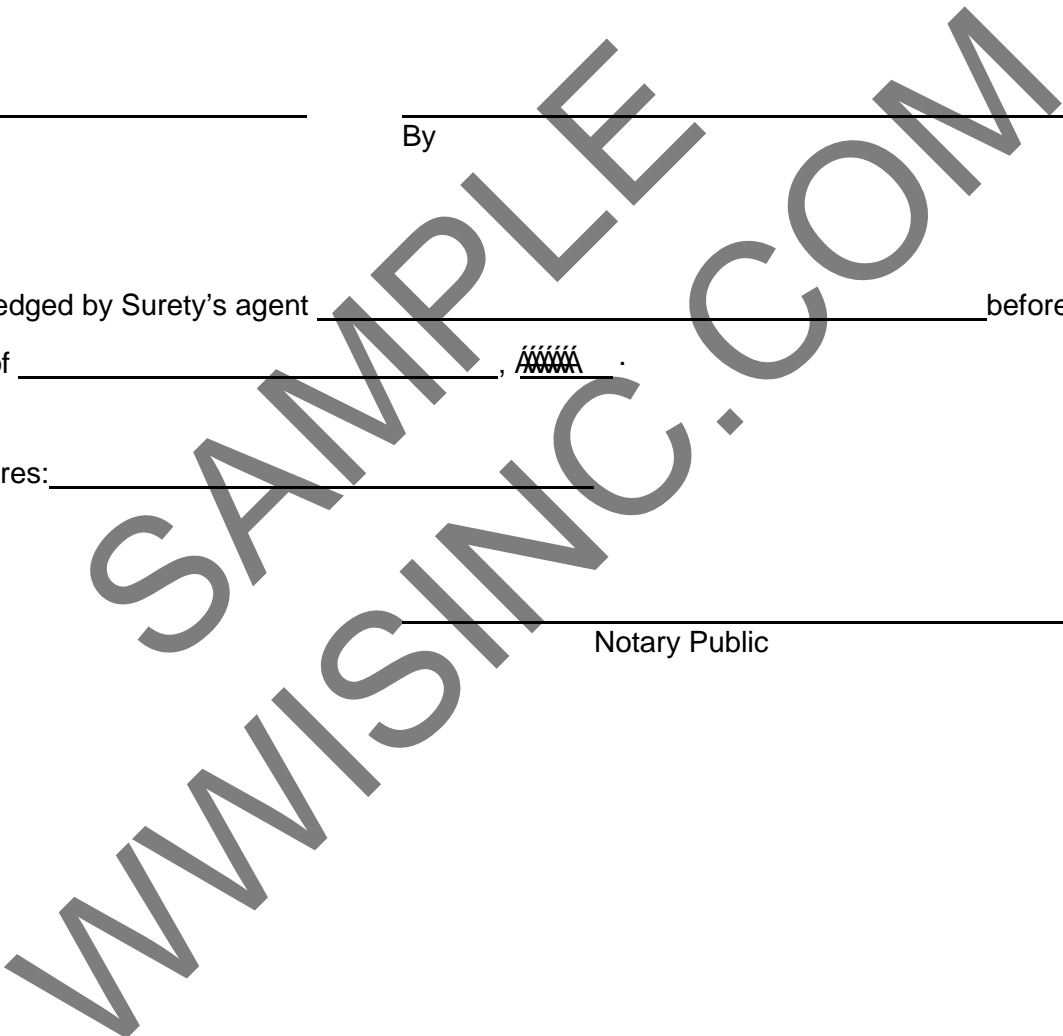
By _____

Signed and acknowledged by Surety's agent _____ before me

this _____ day of _____, 200

My Commission expires: _____

Notary Public



When completed, this bond should be mailed to the Virginia Department of Agriculture and Consumer Services, Attention: Office of Charitable and Regulatory Programs, Oliver Hill Building, 102 Governor Street, Richmond, VA, 23219.

I. INFORMATION FOR THE PREPARATION AND EXECUTION OF THIS BOND

- A. The legal name of principal on the bond should be fully and correctly stated and should precisely agree with the name of applicant on its local business license or articles of incorporation. (Any material variation may delay acceptance of bond).
- B. The name in which business is conducted should follow the name or names of the principal where the applicant does business under a fictitious name.

Examples:

Individual operating in own name: "Henry Smith"

Individual owner operating in another name: "Henry Smith d/b/a City Extended Contract Provider"

Partners operating in another name: "John Doe, Richard Doe, and Mary Doe d/b/a Contract Provider"

Corporation operating in own name: "Chase Company (a corporation)"

Corporation operating in another name: "John Doe Enterprises, Inc. d/b/a Superior Contract Provider"

II. EXECUTION BY PRINCIPAL

If the principal of this bond is:

- A. An individual: this bond must be signed by the principal
- B. A partnership: this bond must be executed in the name of the partnership, and must be signed by at least one of the partners
- C. A corporation: this bond must be executed in the name of the corporation, and signed by its President or Vice President, with an impression of corporate seal affixed, and attested to by the Secretary or Assistant Secretary of the corporation.

III. EXECUTION BY SURETY

- A. This bond must be executed by a properly authorized person, whose title must be shown, with an impression of the corporate seal of the surety affixed; and
- B. Attach an original or certified copy of Power-of-Authority authorizing said execution.

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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