

STATE CORPORATION COMMISSION
BUREAU OF FINANCIAL INSTITUTIONS
1300 EAST MAIN STREET, SUITE 800
POST OFFICE BOX 640
RICHMOND, VIRGINIA 23218-0640

SURETY BOND
FOR MONEY ORDER SALES AND MONEY TRANSMISSION

Bond No. _____ Bond Amount _____

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____, as principal, and _____, as surety, are bound unto the Commonwealth of Virginia in the penal sum of _____ (_____), payable to the State Corporation Commission, for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents:

WHEREAS, the above-named principal has applied to the State Corporation Commission for a license to engage in business under the Code of Virginia, Title 6.2, Chapter 19;

NOW, THEREFORE, the conditions of this obligation are such that if the above-named principal shall strictly comply with the provisions of said chapter and all regulations duly promulgated thereunder, and fulfill its obligations to persons purchasing or holding money orders and persons initiating or receiving money transmissions, as defined in Chapter 19 of Title 6.2 of the Code of Virginia, and shall pay and satisfy all loss, damage, and liability suffered by or owing to the State Corporation Commission or any persons dealing with the principal on account of its violation of any such laws, regulations, and obligations, then this obligation to be void, otherwise to remain in full force and effect.

In no event shall the aggregate liability of the surety exceed the penal sum specified herein. The surety shall have the right to terminate its obligation under this bond by written notification to the principal and the Commissioner of Financial Institutions at least ninety (90) days prior to the effective date of such termination. Obligations of the surety arising prior to such effective date shall not be affected by such termination.

WITNESS the following signatures and seals this _____ day of _____, _____.

Principal-(Type or Print)

By: _____ (Seal)
Signature

Name and Title of Person signing for Principal-(Type or Print)

Persons executing for surety, other than corporate officers, must attach Power of Attorney authorizing them to execute bonds for surety.

Surety-(Type or Print)

By: _____ (Seal)
Signature

Name, address, and telephone number of person with surety to be contacted in the event a claim must be filed:

Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: (_____) _____

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 **Toll Free: (888) 518-8011**
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Phoenix, AZ 85015 **Fax: (602) 674-8235**
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