

PRECIOUS METAL AND GEM DEALER'S BOND

Bond # _____

Surety bond given by _____ as Principal, and _____ a corporation organized under the laws of the State of _____ and duly licensed to transact a surety business in the Commonwealth of Virginia, as Surety, to the Commonwealth of Virginia, as Obligee, in the sum of _____ Dollars (\$ _____), to be paid to obligee, or its legal representatives, successors, or assigns, for which payment we bind ourselves and our legal representatives and successors, jointly and severally.

The condition of this obligation is that Principal is a dealer in precious metals and gems and is required by Section 54-859.21 of the Code of Virginia to enter into a recognizance to the Commonwealth of Virginia in the penal sum of _____ Dollars (\$ _____) to insure his compliance with the provisions of Chapter 23.2 of the Code of Virginia.

If Principal shall comply with the provisions of Chapter 23.2 of the Code of Virginia, then this obligation shall be null and void; otherwise it shall remain in full force and effect, subject to the following conditions and provisions:

1. No liability shall attach to Surety unless, in the event of any default on the part of Principal in the performance of any of the aforementioned requirements, Obligee delivers to Surety written notice thereof.
2. It is understood by and between the parties hereto that this bond may be cancelled at the instance of either Principal or Surety, after thirty (30) days notice in writing, given to the other party and to the Virginia Beach Commonwealth's Attorney; such notice shall not affect this agreement in respect to any obligation which may have arisen prior to the effective date of cancellation.

3. It is understood and agreed to by the parties hereto that if any person shall be aggrieved by the misconduct of the Principal and shall recover against him therefor, such person, after the return unsatisfied, either in whole or in part, of any execution upon such judgment, may maintain actions in his own name upon this bond in any court having jurisdiction and such person shall as to such actions be considered an Obligee under this bond.

ATTEST:

By _____ Principal

(Name) (Title) By _____

(Name) (Title)

ATTEST:

By _____ Surety

(Name) (Title) By _____

(Name) (Title)

STATE OF VIRGINIA
CITY OF VIRGINIA BEACH, to wit:

I, _____, a Notary Public in and
for the City of Virginia Beach, State of Virginia, do hereby certify that _____ and _____
_____ and _____, respectively of

(Title) (Title)

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.

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|---|---|
| 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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