

Commonwealth of Virginia
Department of Professional and Occupational Regulation
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EXHIBIT H – BOND TO INSURE PAYMENT OF ASSESSMENTS

KNOW ALL MEN BY THESE PRESENTS THAT:

_____, of _____, (the "Principal")
and _____, (the "Surety"), are held and firmly bound unto
_____, Unit Owners' Association having its principal
office at _____, (the "Obligee"), in the sum of _____
to the payment of such sum, the Principal and the Surety bind themselves, their heirs, executors, administrators, successors
and assignees jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas, the Principal(s) has caused to be filed with the Virginia
Common Interest Community Board a Declaration, Bylaws, and Plats and Plans pursuant to Virginia Condominium Act,
proposing to register certain property located in the City/County of _____ under the Condominium Act as
_____ Condominium; and

WHEREAS, the Principal, in accordance with the terms, covenants and conditions of the Declaration, Bylaws, and Plats and
Plans of _____ Condominium and pursuant to the
provisions of § 55-79.83 of the *Code of Virginia*, as amended, has an obligation to the Obligee to pay all common expenses
assessed on condominium units owned by the Principal;

NOW THEREFORE, if the Principal shall hold harmless the Obligee from any pecuniary loss resulting from the breach of
any of the terms, covenants and conditions of the obligation to pay common expenses assessed against condominium units
owned by the Principal in _____ Condominium, then this
obligation shall be void; otherwise, it shall remain in full force and effect in law; provided, however, that this bond is issued
subject to the following conditions and privileges:

1. That no liability shall be attached to the Surety unless, in the event of any default on the part of the Principal in the performance of any of the terms, covenants and conditions of its obligation to pay, the Obligee shall promptly and in any event not later than thirty (30) days after knowledge of such default, deliver to the Surety written notice, with a statement of the principal facts showing such default to the date of notice.
2. That, in no event, shall the Surety be liable for a greater sum than the penalty of this Bond.
3. (a) That the Surety shall be liable for damages to the person of anyone, under, or by authority of, in a statutory provision for damages or compensation to any employee, or otherwise; and
(b) That the Surety shall not be obligated to furnish any bond or obligation, other than the one executed.
4. When the Principal has sold and conveyed condominium units in _____
Condominium so that Principal owns no more than ten percent (10%) of the condominium units in _____
Condominium, or if the Principal owns less than ten percent (10%)
of the condominium units, until the Principal is current in payment of assessments upon which the Principal is liable
for the payment of common expenses to Obligee, this Bond shall become null and void and no further liability shall
be attached to the Surety.

IN WITNESS THEREOF, the said _____ Principal has hereunto affixed his or her signature and seals, and the Surety has caused these presents to be executed by _____, its duly authorized Attorney-in Fact, this _____ day of _____, _____.

Individual Principal (SEAL)

Individual Surety (SEAL)

Corporate Principal

Corporate Surety

Business Address

Business Address

Corporate Seal

Corporate Seal

BY _____

BY _____

Title

Title

SAMPLE.COM
WWW.SINC.COM

ACKNOWLEDGEMENT OF PRINCIPAL

STATE OF VIRGINIA, CITY OR COUNTY OF _____

I, _____ a Notary Public, do certify that the foregoing bond was acknowledged before
(Notary's Name)

me this _____, day of _____, _____ by _____
(Principal's Name)

My commission expires the _____, day of _____, _____.

Affix official seal here.

Signature of Notary Public

AFFIDAVIT AND ACKNOWLEDGEMENT OF SURETY

STATE OF VIRGINIA, _____ of _____, TO WIT:

I, _____ a Notary Public in and for _____

do certify that _____ personally appeared before me and made oath that he is
_____ of the _____

that he is duly authorized to execute the foregoing bond by virtue of a certain power of attorney of said company, dated
_____, and recorded in the Clerk's Office of the _____ of _____

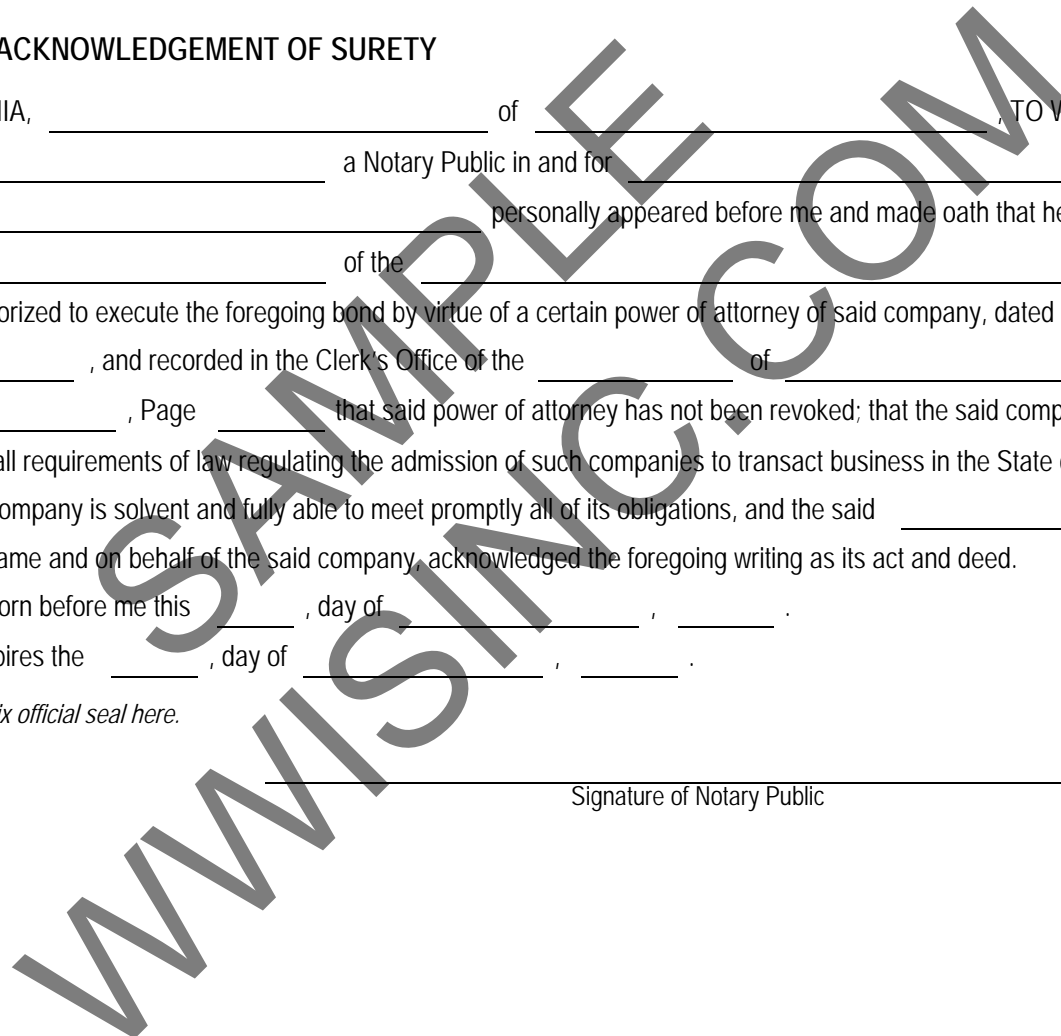
in Deed Book No. _____, Page _____ that said power of attorney has not been revoked; that the said company
has complied with all requirements of law regulating the admission of such companies to transact business in the State of
Virginia; that said company is solvent and fully able to meet promptly all of its obligations, and the said _____
thereupon, in the name and on behalf of the said company, acknowledged the foregoing writing as its act and deed.

Subscribed and sworn before me this _____, day of _____, _____.

My commission expires the _____, day of _____, _____.

Affix official seal here.

Signature of Notary Public



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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