

Bond No. _____

BOND FOR TITLE INSURANCE SETTLEMENT AGENT

(PURSUANT TO SECTION 55-525.20 OF THE CODE OF VIRGINIA)

KNOW ALL MEN BY THESE PRESENTS, That _____
_____ of _____,
as Principal, and _____,
as corporation organized and existed under the laws of the State of _____
and authorized to do business in the Commonwealth of Virginia, as Surety, are held and
firmly bound unto the COMMONWEALTH OF VIRGINIA, as Obligee, or to any
aggrieved person who may be injured by the Principal as hereinafter provided in the
penal sum of TWO HUNDRED THOUSAND DOLLARS (\$200,000.00) for the payment
of which, well and truly to be made, we and each of us, bind ourselves, our heirs,
successors, and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED AND DATED this _____ day of _____, _____.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT:

WHEREAS, the Principal is required to register with the Virginia State
Corporation Commission, Bureau of Insurance as a settlement agent pursuant to
Chapter 27.3 of Title 55 of the Code of Virginia and is thereby required to maintain a
surety bond.

NOW THEREFORE, the condition of this obligation is such that if the Principal
shall be registered with the Virginia State Corporation Commission, Bureau of Insurance
to act as a settlement agent and if the Principal shall act in such capacity in full
compliance with the provisions of the laws of the Commonwealth of Virginia and rules,
regulations, and orders prescribed by the State Corporation Commission pertaining to
Settlement Agents, then this obligation shall be null and void; otherwise to remain in full
force and effect;

CONDITIONED FURTHER, that the Commonwealth of Virginia may maintain an
action against this bond for its use and benefit or for the use and benefit of any
aggrieved person, or any aggrieved person may maintain an action in its own name
against this bond to recover damages as a result of the Principal breaching any of the
above-mentioned laws, regulations, or orders; provided, however, that regardless of the
number of years this bond remains in effect in no event shall the aggregate liability of
the Surety to all claimants for all claims under this bond exceed the penal sum of this
bond.

The Surety may be released from liability for future breaches of the condition of
this bond upon giving (60) days written notice of the Principal and the Commissioner of

Insurance, State Corporation Commission, Commonwealth of Virginia, of its desire to be released.

IN WITNESS WHEREOF, the said Principal has hereunto set his hand and seal and the said Surety has caused these presents to be signed by its duly authorized officer or Attorney-in-Fact and its corporate seal affixed on the day and year first written above.

(SEAL)

(PRINCIPAL)

By:

(SEAL)

(SURETY)

By:

SAMPLE.COM
WWW.SINC.COM

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