

Effective Date: _____

**SURETY BOND TO OPERATE
MORTGAGE BROKER BUSINESS WITH INDEPENDENT CONTRACTORS**

KNOW ALL PERSONS BY THESE PRESENTS,

That _____
(print company's full legal name)

with Washington State Unified Business Identifier (UBI) of _____ and NMLSR Unique Identifier of _____,
as principal, and _____, a corporation authorized to transact surety business in
the State of Washington, as surety, are held and firmly bound unto the State of Washington in the full penal sum of
_____ dollars (_____) lawful money of the United States, for the payment of
which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly
and severally firmly by these presents.

Whereas, the above bounden principal has applied for a license to transact the business of brokering residential
real estate loans as provided by law under Chapter 19.146 Revised Code of Washington, known as the "MORTGAGE
BROKER PRACTICES ACT" of the State of Washington, and acts amendatory thereto.

THE CONDITIONS of the above obligation are: If the said above bounden principal, and its mortgage brokers,
employees, loan originators and independent contractors shall, upon the issuance of said license as aforesaid, faithfully
conform to and abide by each and every provision of said Act and all rules lawfully made by the Director of the
Department of Financial Institutions of the State of Washington thereunder, and shall reimburse all persons who suffer
loss by reason of a violation of said Act or rules adopted thereunder, then this obligation to be void; otherwise to remain in
full force and effect.

Provided, That this bond is effective until canceled by the surety. This bond may be canceled by giving written
notice to the Director. The cancellation shall be effective 30 days from the receipt of said notice. If the bond is renewed,
continued, reinstated, reissued or otherwise extended, it shall nevertheless be considered a continuous obligation and the
surety upon the bond shall not be liable in an aggregate or cumulative amount exceeding the penal sum set forth on the
face of the bond. In no event shall the penal sum, or any portion thereof, at two or more points in time be added together
in determining the surety's liability for any or all claims.

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 officers and its corporate seal to be hereto affixed on this _____
day of _____, _____. Bond Number _____

(Corporate Seal of the Surety)

(Principal)

By: _____

By: _____

(Surety)

By: _____

By: _____

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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