

**SURETY BOND TO OPERATE
SMALL LOAN ENDORSEMENT**

KNOW ALL PERSONS BY THESE PRESENTS, That _____

(if a partnership, give full name and address of each partner and add the words "trading under the firm name and style _____";
if a corporation, insert full title and add the words "a corporation of the State of _____".)

with place of business at _____, City of _____,
County of _____, in the State 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 _____ (\$_____) 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.

THE CONDITIONS of the above obligation are such that: Whereas, the above bounden principal has
applied for a license to transact the business of making small loans as provided by law under Title 31.45 Revised
Code of Washington, known as the "CHECK CASHERS AND SELLERS ACT" of the State of Washington, and
acts amendatory thereto.

Now, Therefore, If the said above bounden principal, shall, upon the issuance of said license as aforesaid,
faithfully conform to and abide by each and every provision of said Act and all the rules and regulations 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 the total liability hereunder arising during the period for which this bond is written shall not
exceed the total sum of _____ (\$_____). 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
provided however that the penal sum shall be deemed the new penal sum. 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 _____, 20____. Bond Number _____.

(Corporate Seal) By _____ (Principal)
By _____
By _____ (Surety)

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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