



**State of Wisconsin**  
Department of Financial Institutions  
Office of Consumer Affairs

P.O. Box 8041 Madison WI 53708-8041 (608) 264-7969 Fax: (608) 264-7968 www.wdfi.org

**CREDIT SERVICES ORGANIZATION BOND**

Bond No. \_\_\_\_\_

\_\_\_\_\_  
Name of Credit Services Organization

\_\_\_\_\_  
Home Address of Credit Services Organization

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

as principal, and \_\_\_\_\_ as surety, are held and firmly bound in

favor of any person, or the STATE OF WISCONSIN, for the benefit of any person, who may have a course of action against the principal named in this bond for any act or omission of said principal, in

the sum of \_\_\_\_\_ DOLLARS

(\$ \_\_\_\_\_) for the payment of which, well and truly to be made, we jointly and severally, bind ourselves, our heirs, executors, administrators, assigns and successors firmly by these

presents this \_\_\_\_\_ day of \_\_\_\_\_.

EFFECTIVE DATE OF THIS BOND \_\_\_\_\_.

This bond is continuous until cancelled, as provided below.

THE ABOVE BOUNDED PRINCIPAL has applied for a credit services organization registration under Chapter 422, Subchapter V of the Wisconsin Statutes;

THE CONDITION OF THIS OBLIGATION IS SUCH THAT if the above named principal shall comply with the provisions of Section 422, Subchapter V, Wisconsin Statutes, or any subsequent amendment or amendments thereof, and shall satisfy any liability incurred to any person by reason of violation of Ch. 422, Subchapter V, or shall satisfy any penalties that may have been imposed under Chapter 422, Subchapter V, and shall pay any examination costs incurred by the Department of Financial Institutions of the State of Wisconsin under the provisions of section 426.106, Wis. Stats, which costs shall be considered a preferred claim, then this obligation shall be void, otherwise in full force and effect. It is intended that the coverage afforded by this bond shall be that required by Chapter 422, Subchapter V, together with any additional coverage which may be afforded by express language of this bond.

**THIS BOND IS EXECUTED UPON THE FOLLOWING EXPRESS CONDITIONS:**

1. It is intended that this bond be one of guaranty of payment and not of collection.
2. That this bond may be canceled by giving thirty (60) days written notice via certified mail to the Department of Financial Institutions of the State of Wisconsin that the liability of the surety for any future act or or all acts of commission or omission covered by this bond, which have or may have occurred up to and including the expiration date, or in the event of cancellation by giving the thirty (30) days notice, up to and including the day of expiration of the sixty (60) days notice.
3. That within six months after the receipt of claim, the surety shall, by registered mail, deny liability on the claim, unless the claim has been paid in full or settled.
4. That no action shall be brought on this bond for recovery of any claim unless commenced within two years from the date of cancellation.
5. That within ten days after any written demand for payment of satisfaction of any claim arising under this bond is made upon the surety, the surety shall mail to the Department of Financial Institutions of the State of Wisconsin a statement which shall include the name and address of the claimant and the amount of the claim. Upon denial of liability or disposition of any claim the surety shall also notify the Department of Financial Institutions as to the manner of disposition of the claim and the amount, if any, paid to the claimant.
6. That regardless of the number of claimants or the amounts of the claims, the aggregate liability of the surety on this bond in the event of a default on the part of the principal shall be limited to the above stated sum.
7. If the claims for which the surety acknowledges liability exceed the sum stated above, the surety may discharge itself from all further liability hereunder by paying said sum to the Department of Financial Institutions of the State of Wisconsin for the benefit of the claimants.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on the day below written.

Sign in the presence of:

\_\_\_\_\_  
Print Name of Credit Services Organization

(Seal)

\_\_\_\_\_  
Witness to Principal signature

By: \_\_\_\_\_

\_\_\_\_\_  
Principal (designate if owner, partner or officer)

\_\_\_\_\_  
Print name of Principal

\_\_\_\_\_  
Date

(Seal) Witness of Surety signature \_\_\_\_\_

\_\_\_\_\_  
Attorney-in-Fact

**IMPORTANT NOTE TO BONDING COMPANY**

1. The Power of Attorney/Certificate of Authority of Attorney-in-Fact must be attached to bond.
2. Provide name and address of where claims against bond are to be filed.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Code)

## 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

<b>Worldwide Insurance Specialists, Inc</b> 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail <a href="mailto:SAM@WWISINC.COM">SAM@WWISINC.COM</a>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
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