

BOND NO _____

FITNESS CENTER BOND

KNOW ALL MEN BY THESE PRESENTS, that we,

_____ (Owner), as Principal of

_____ (Name of Fitness Center)

_____ (Location of Fitness Center) and

_____ (Bonding Company) with an office at

_____ (Address of Bonding Company)

as Surety, are held and firmly bound unto the State of Wisconsin Department of Agriculture, Trade and Consumer Protection, as Obligee for the benefit of any member who does not receive a refund of prepayments made pursuant to a fitness center contract entered into and subject to Wis Stats § 100.177, in the just sum of TWENTY-FIVE THOUSAND AND NO/100 DOLLARS (\$25,000 00) 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

Signed, sealed and dated this _____ day of _____

NOW, THEREFORE, a condition of this obligation is such that if the Principal shall comply with the provisions of Wis Stats. § 100.177, pertaining to fitness center contracts, then this obligation is void, otherwise it shall be and remain in full force and effect

PROVIDED, HOWEVER, and this bond is executed upon the following express conditions:

- 1 This bond shall be for the benefit of any member who fails to receive a refund of prepayments due to the failure of the principal to provide the facilities and services for which the member contracted

Bond forms change; this is for educational purposes only.

2. Any member who suffers a loss under this bond must as a condition precedent to recovery of loss under the bond notify in writing the Wisconsin Department of Agriculture, Trade and Consumer Protection, which shall in turn notify the Surety, within three years (3) of an alleged default of the contract or within three years (3) of cancellation of the bond, whichever shall first occur
3. That the aggregate liability of the Surety on this bond shall be limited in the event of the principal's default to the sum of \$25,000.00 for each fitness center location operated by the principal
4. If the claims for which the Surety acknowledges liability exceed the sum of the bond, the Surety may discharge itself from all further liability by paying said sum to the Wisconsin Department of Agriculture, Trade and Consumer Protection for the benefit of the claimants

This bond shall be continuous in form, but the Surety's liability shall not be cumulative from year to year and regardless of the number of years that this bond shall remain in force, the aggregate liability of the Surety shall not exceed the sum of this bond

This bond may be cancelled by the Surety by sending thirty days' (30) notice in writing by certified mail to the Department of Agriculture, Trade and Consumer Protection of the State of Wisconsin provided, however, that in the event of cancellation, the Surety's liability shall cease only with respect to the breaches of condition occurring after the effective date of cancellation

PRINCIPAL (Print Name)	(Signature)
WITNESS	BY. SURETY
WITNESS	BY. SURETY

12/05

Bond forms change; this is for educational purposes only.

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: _____ EFF. DATE: _____ EXP. DATE: _____
TYPE OF COMPANY CORP LLC DBA PARTNERSHIP AMOUNT: _____
OBLIGEE: _____
OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)

SECTION II: GENERAL INFORMATION

APPLICANT'S NAME: _____ SPOUSE NAME _____
SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
BUSINESS NAME: _____
BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
DATE BUSINESS BEGAN UNDER CURRENT NAME: _____ BUSINESS TAX ID: _____
HAS ANY COMPANY REFUSED TO ISSUE YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES NO
BONDS FOR ANY PURPOSE? AGAINST YOU?
HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER:

SECTION III: ADDITIONAL OWNERS / PARTNERS

APPLICANT'S NAME: _____ SPOUSE NAME _____
SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

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
This information will be held in the strictest confidence no premium financing will be accepted as premium is earned in full.

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 WWIS@WWISINC.COM