

BOND FOR LICENSED PAWNBROKERS

BOND NO. _____

ccl-pawn1 12/11/13

Know all men by these presents, that we, _____, as principal and (1) _____ and (2) _____, as sureties, are held and firmly bound unto the City of Milwaukee in the sum of five hundred dollars (\$500), to be paid to the said City of Milwaukee, for which payment well and truly to be made, we bind ourselves and our respective heirs, executors and administrators, and each and everyone of them, jointly and severally by these presents.

Signed, sealed and dated this _____ day of _____, _____

The condition of this obligation is such that, whereas, the above bound Principal has applied to the proper authorities of the City of Milwaukee for a license to act as a pawnbroker at _____ in the _____ aldermanic district, in said City of Milwaukee, until the first day of _____ (unless sooner revoked) and whereas, such license has been granted to them.

Now therefore, if the said _____, during the continuance of their license, shall duly comply with the laws of the state of Wisconsin affecting said business, and shall comply with all the requirements of the ordinances of the City of Milwaukee affecting said business, which ordinances are now in effect or may hereafter become effective, then this obligation shall be null and void, otherwise to be in full force and effect.

SURETY 1

In presence of:

Print Name of Principal Representative

Signature of Witness for Principal Representative

By _____

Signature of Principal Representative

Print Name of Attorney-In-Fact/Agent

Signature of Witness for Attorney-In-Fact/Agent
Corporations Operating with Seal, Please Affix

By _____

Signature of Attorney-In-Fact/Agent

SURETY 2 **

In presence of:

Print Name of Principal Representative

Signature of Witness for Principal Representative

By _____

Signature of Principal Representative

Print Name of Attorney-In-Fact/Agent

Signature of Witness for Attorney-In-Fact/Agent
Corporations Operating with Seal, Please Affix

By _____

Signature of Attorney-In-Fact/Agent

Bond forms change; this is for educational purposes only.

** Surety 2 must be a different company than Surety 1.

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 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 ☐

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
2424 W. Missouri AVE
Phoenix, AZ 85015
E-Mail SAM@WWISINC.COM

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235