



WORLD WIDE BONDING AGENCY
 2846 WILLIAM STREET BUFFALO NEW YORK 14227
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BOND APPLICATION LOST INSTRUMENT/SECURITY BOND

Attach a copy of all correspondence you receive from the Bank or Financial Institution requiring the Bond

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact where to, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

CONTACT INFORMATION

Contact Name (If insurance agent, please include Agency Name)	<input type="checkbox"/> Applicant <input type="checkbox"/> Insurance Agent <input type="checkbox"/> Attorney <input type="checkbox"/> Other
Email Address	Phone Number Fax Number

APPLICANT INFORMATION

Applicant Name	
Address	City State Zip
Desired Effective Date	Bond Amount
When and How did you discover the loss?	Payable to you only? If no, who is it payable to? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is lost security payable to a deceased? If yes, please include a copy of the Death Certificate as well as the Letters of Administration. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are securities pledged, assigned or endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Obligee Name (Entity or dept. requiring the bond of you) & address
Has the business or any of the owners involved; (If answer yes, provide details)	
Had any lawsuits or judgments against them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had their license suspended, revoked or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ever failed in business or declared Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever been party to a surety bond claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had a bond declined or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL INFORMATION

First Name	Middle	Last Name	Social Security Number	Single	Married
Address			City	State	Zip
# of years you have owned this business	# of years experience	% Ownership	Phone Number		
Value of Primary Residence			Balance of Mortgage		

Completion of this online application constitutes permission for World Wide Agent Services, Inc. and its selected surety companies to obtain consumer information, including personal credit reports of individual applicants as well as owners and officers of business applicants, which may be used to determine bonding eligibility. Such credit reports may also be obtained at the time of any review or renewal, any potential or actual claim, or for any other legitimate purposes as determined by the surety companies in their reasonable discretion. This information is held in strict confidence.

I acknowledge that I have read and agree to the above Terms of Service on the following date: _____