



WORLD WIDE BONDING AGENCY

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 www.wwbagency.com wwbasurety@wwbagency.com

Florida Yacht Brokers Surety Bond Application

Steps: 1.) Fill out Application 2.) Save File/Print 3.) Send to email or fax information listed above

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 or Business Name (<u>Exactly</u> as shown on License) | Sole Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC or LLP <input type="checkbox"/> | | | | |
| Business Street Address | City | State | Zip | | |
| Do you have or need other bonds? | Effective Date | Bond Amount | | | |
| Please indicate any ownership changes in the last 12 months: | Obligee (Owner requiring the bond) AND Obligee Address | | | | |
| Previous Surety? If yes, provide Surety below. | Reason for changing Surety | | | | |
| Has the business or any of the owners involved; | | | | | |
| 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 – Owner #1

| | | | | | |
|---|-----------------------|---------------------|------------------------|--|--|
| First Name | Middle | Last Name | Social Security Number | <input type="checkbox"/> Single <input type="checkbox"/> Married | |
| Resident Street Address | | City | State | Zip | |
| # of years you have owned this business | # of years experience | % Ownership | Phone Number | | |
| Value of Primary Residence | | Balance of Mortgage | | | |

PERSONAL INFORMATION – Owner #2 (if applicable)

| | | | | | |
|---|-----------------------|---------------------|------------------------|--|--|
| First Name | Middle | Last Name | Social Security Number | <input type="checkbox"/> Single <input type="checkbox"/> Married | |
| Resident Street Address | | City | State | Zip | |
| # of years you have owned this business | # of years experience | % Ownership | Phone Number | | |
| Value of Primary Residence | | Balance of Mortgage | | | |

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 whereeto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

PERSONAL INFORMATION – Owner #3 (if applicable)

| | | | | |
|---|-----------------------|---------------------|------------------------|--|
| First Name | Middle | Last Name | Social Security Number | <input type="checkbox"/> Single <input type="checkbox"/> Married |
| Resident Street Address | | City | State | Zip |
| # of years you have owned this business | # of years experience | | % Ownership | Phone Number |
| Value of Primary Residence | | Balance of Mortgage | | |

PERSONAL INFORMATION – Owner #4 (if applicable)

| | | | | |
|---|-----------------------|---------------------|------------------------|--|
| First Name | Middle | Last Name | Social Security Number | <input type="checkbox"/> Single <input type="checkbox"/> Married |
| Resident Street Address | | City | State | Zip |
| # of years you have owned this business | # of years experience | | % Ownership | Phone Number |
| Value of Primary Residence | | Balance of Mortgage | | |

PERSONAL INFORMATION – Owner #5 (if applicable)

| | | | | |
|---|-----------------------|---------------------|------------------------|--|
| First Name | Middle | Last Name | Social Security Number | <input type="checkbox"/> Single <input type="checkbox"/> Married |
| Resident Street Address | | City | State | Zip |
| # of years you have owned this business | # of years experience | | % Ownership | Phone Number |
| Value of Primary Residence | | Balance of Mortgage | | |

TERMS OF SERVICE

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: _____