

EMPLOYMENT AGENCY BOND

No. _____
Effective _____
Date _____

KNOW ALL MEN BY THESE PRESENTS:

That I (we) _____
(Principal) (Corporate Name) (Trade Name)

as Principal, and _____
a corporation organized under the laws of the State of _____,
as Surety are indebted to the People of the State of Arizona, in the penal sum of Five Thousand (\$5,000.00.) Dollars, for
which payment we bind ourselves and our legal representatives and successors, jointly and severally.

The condition of the obligation is that the Principal has made application for a license to operate a private employment
agency and is required by the terms of Arizona Revised Statutes 23-521, et seq., to furnish a bond on the terms and
conditions as set forth in such statutes.

If Principal and Principal's agents and employees faithfully conform to and abide by the provisions of Arizona Revised
Statutes 23-521 et seq., and Arizona Administrative Rules R20-5-301, et seq., together with all amendments or supplementary
acts now or hereafter promulgated, and if Principal honestly and faithful performs all obligations and undertakings made
pursuant to the provisions of such statutes in the conduct of the operation of a private employment agency by Principal and
Principal's agents and employees, then this obligation shall be null and void: otherwise, it shall be in full force and effect.

The total aggregate liability of Surety heron shall be limited to the sum of Five Thousand (5,000.00) Dollars. This
Bond shall be deemed continuous in form and shall remain in full force and effect unless terminated or canceled by the Surety
as to subsequent liability by giving thirty (30) days written notice to the Industrial Commission of Arizona and the named
Principal; provided that such cancellation shall not effect any liability incurred or accrued hereunder prior to the termination of
the notice period.

The State of Arizona, acting through the Industrial Commission, reserves the right to terminate this bond at any time
by the giving of thirty (30) days prior written notice thereof to the Surety and named Principal at the last known address of
each.

In the event Principal or Surety, or either of them, is served with notice or summons of any action brought against
Principal or Surety under this Bond, written notice of the receipt of such action or summons shall immediately be given to The
Industrial Commission of Arizona, Labor Department.

SIGNED, sealed and dated this _____ day of _____, 20_____

Principal _____
(Agency Name)

By _____
(Responsible Agent)

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20_____

Notary Public

Seal/stamp:

Surety _____

By _____
(Attorney-in-fact)

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20_____

Notary Public

Seal/stamp:

Surety Bond Application

AGENCY NAME: _____ AGENCY CONTACT: _____
 AGENCY PHONE: _____ AGENCY FAX: _____ AGENCY EMAIL: _____
 AGENCY ADDRESS: _____ 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: _____ Effective Date: _____ Expiration Date: _____
 Type of Company **CORP** **LLC** **DBA** **PARTNERSHIP** Bond Amount: _____
 (Obligee): _____
 Obligee Address _____

SECTION II: GENERAL INFORMATION

Applicant's Name: _____ Spouse Name: _____
 SS#: _____ Spouse SS#: _____ Home Phone: () _____
 Residence Address: _____ City: _____ State: _____ Zip: _____
 Business Name: _____
 Business Phone: () _____ Business Fax: () _____ E-mail: _____
 Business Address: _____ City: _____ State: _____ Zip: _____
 Date Business BEGAN under present Individual or Firm Name: _____ BUSINESS TAX ID: _____
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES NO
 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 OR PARTNERS AS REQUIRED

NAME: _____ SPOUSE NAME: _____
 SS#: _____ SPOUSE SS#: _____ PHONE: _____
 HOME ADDRESS: _____ City: _____ State: _____ Zip: _____

PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)
STATEMENT OF ASSETS AND LIABILITIES AS OF

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	
Name of Owners		Name and Title of Officers	
		% OWNERSHIP IN COMPANY	

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.

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