



**ARIZONA DEPARTMENT OF PUBLIC SAFETY**

2102 WEST ENCANTO BLVD. P.O. BOX 6328 PHOENIX, ARIZONA 85005-6328 (602) 223-2361

**SURETY BOND FOR  
PRIVATE INVESTIGATORS LICENSE**

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_  
(PI and PI Company Name)

as principal, and \_\_\_\_\_  
(Surety Company Name)

corporation, duly organized and existing under the laws of \_\_\_\_\_  
(State)

and having the principal office for the transaction of its business at \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(Surety Company Address)

hereinafter called surety, are held and firmly bound unto the people of the State of Arizona, Department of Public Safety, in the amount of \$2500 for the payment whereof the principal and surety bind themselves and their heirs, administrators, executors and assigns jointly and severally.

The principal has been issued a license pursuant to Arizona Revised Statutes, A.R.S. title 32-2401, and following.

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH THAT,

The principal shall conduct his business and each and every obligation of trust and service entered into by him in a faithful and honest manner and shall hold the people of the State of Arizona, Department of Public Safety, and all others employing the named principal harmless from any wrongful act or violation of the aforementioned statutes and regulations by the principal, a member of the firm, partner, private investigator, agent or employee.

This bond is issued to run concurrently with the license period of \_\_\_\_\_  
(Dates)

IN WITNESS the said principal and surety have signed below.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Expiration Date

By \_\_\_\_\_  
Surety

DPS 802-06128 9/09

# ACKNOWLEDGMENTS

## For Individual and Partnership

THE STATE OF \_\_\_\_\_ } SS.  
County of \_\_\_\_\_ }

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_,

a Notary Public in and for \_\_\_\_\_, personally appeared \_\_\_\_\_,  
(State)

\_\_\_\_\_  
Name of persons signing bond

known to me to be the person \_\_ whose name \_\_\_\_\_ subscribed within this instrument and  
acknowledged to me that \_\_ h \_\_ executed this instrument.

(SEAL)

\_\_\_\_\_  
Notary Public in and for (State)

My commission expires \_\_\_\_\_

## For Corporate Principal

THE STATE OF \_\_\_\_\_ } SS.  
County of \_\_\_\_\_ }

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_,

a Notary Public in and for \_\_\_\_\_, personally appeared \_\_\_\_\_,  
(State)

known to me to be the person \_\_\_\_\_ of \_\_\_\_\_, the corporation  
President or Secretary

that executed this instrument and acknowledged to me that said corporation executed this instrument.

(SEAL)

\_\_\_\_\_  
Notary Public in and for (State)

My commission expires \_\_\_\_\_

## For Surety

THE STATE OF \_\_\_\_\_ } SS.  
County of \_\_\_\_\_ }

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_,

a Notary Public in and for \_\_\_\_\_, personally appeared \_\_\_\_\_,  
(State)

known to me to be the person whose name is subscribed within this instrument as Attorney-in-fact or legal  
representative for \_\_\_\_\_, the Surety that executed this instrument,

and acknowledged to me that \_\_he subscribed the name of \_\_\_\_\_ thereto as  
principal and h \_\_ own name thereto as Attorney-in-fact or the legal representative.

(SEAL)

\_\_\_\_\_  
Notary Public in and for (State)

My commission expires \_\_\_\_\_

# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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**  
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 Phoenix, AZ 85015

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