

Bond No. _____

Expiration Date: _____

**Los Angeles Superior Court
Home Study Traffic School Performance Bond Certification**

_____, doing business as
[Name of Owner with at least 10% Ownership]

[Home Study Traffic School Name]
with its principal business address at:

and _____,
[Name of Insurer/Surety Company]
whose business address, telephone and facsimile is:

Each certify as follows:

1. The above named Insurer/Surety Company and the above named owner and Home Traffic School shall be liable in the amount of up to twenty-five thousand dollars (\$25,000), jointly and severally for any costs or damages incurred by the (1) Los Angeles Superior Court; (2) the Sheriff of the County of Los Angeles; (3) the County of Los Angeles; or (4) the Community Development Commission of the County of Los Angeles, as a result of failure of the Home Study Traffic School or its owners to fully and faithfully comply with the Los Angeles Superior Court Policy and Procedure, Court Approved Programs of Driver Education Home Study Traffic Schools, and the laws of the State of California, and of any local wherein the Home Study Traffic School is operated.

2. This Bond Certification may only be terminated upon at least 30 days prior written notice to:

Traffic Violator School Monitoring
Community Development Commission of the County of Los Angeles
2 Coral Circle
Monterey Park, CA 91755

3. In the event that the Bond Certification is terminated, said Home Study Traffic School will forthwith cease all operations as a Los Angeles Superior Court approved Home Study Traffic School unless and until a replacement Bond Certification has been accepted and approved by the Traffic Violator School Monitoring Unit of the Community Development Commission of the County of Los Angeles.

4. The persons signing this agreement certify that they are authorized agents of the entitled for which they have signed this document.

5. The Insurer/Surety company identified herein is licensed and admitted to do business in the State of California and to provide bonds of the type contemplated herein.

Date: _____
(Notarized signature of Home Study Traffic School Owner)

Date: _____
(Notarized signature of Insurer/Surety Company)

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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