

State of California
Department of Industrial Relations
Division of Labor Standards Enforcement
Licensing & Registration Unit
P.O. Box 420603
San Francisco, CA 94142-0603

TALENT AGENCY BOND

BOND #: _____

PREMIUM \$ _____

KNOW ALL PERSONS BY THESE PRESENTS:

That we _____,
(Legal Entity)
doing business as _____, a Talent Agency
of _____, as principal
(Please indicate City & State only)
and _____,
(Name of Bonding Company)
of _____, as surety.
(Give main California address)

are held firmly bound to the People of the State of California in the penal sum of TEN THOUSAND and 00/100 dollars (\$10,000.00) lawful money of the United States of America, to be paid to the People of the State of California; for which payment we bind ourselves, our heirs, executors, administrators, successors, and assigns jointly and severally, firmly by these presents.

The condition of this obligation is that set forth in Labor Code Section 1700.16, to wit: if the above bounden principal complies with the provisions of Chapter 4, Part 6, Division 2 of the Labor Code of the State of California, and pays all sums due any individual or group of individuals when such principal or his or her representative or agent has received such sums, and pays all damages occasioned to any person by reason of misstatement, misrepresentation, fraud, deceit, or any unlawful acts or omissions of the principal mentioned above, or of his or her agents or employees while acting within the scope of their employment, then this obligation is to be void, otherwise it is to remain in full force and effect.

This bond shall be deemed continuous in form and shall remain in full force and effect throughout all succeeding license periods unless terminated or cancelled in the manner hereinafter provided.

The State of California, acting through the Labor Commissioner, reserves the right, at any time, to terminate this bond (except as to any liability thereunder already incurred or accrued) by a written notice of such termination to the surety, and thereupon this bond shall terminate and be of no more force or effect, except as to any liability already incurred or accrued as to which it shall remain in full force and effect.

The surety may terminate its liability on this bond in accordance with the provisions of Section 996.320 of the Code of Civil Procedures of the State of California.

The effective date of this bond is _____

IN WITNESS WHEREOF, the said principal surety have hereunto set their hands and seals this _____ day
of _____, 20_____.

(If a Corporation, two officer sign below)

(If an individual, sign below, if co-partnership, all persons sign below)

(PRINCIPAL)
By: _____

(Title of Official)
By: _____

(Title of Official)

(PRINCIPAL)

SURETY

(SURETY CORPORATE SEAL HERE)

Attach certificate of acknowledgment
of surety before a notary public.

By: _____

(Title of Official)

NOTE: THIS BOND IS TO BE DULY EXECUTED AND FILED WITH THE STATE LABOR COMMISSIONER.
DLSE 306 (REV. 5/99) TALENT AGENCY BOND L.C. 1770.16

person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.
Signature _____ (Seal)
Bond forms change; this is for educational purposes only.

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.

Worldwide Insurance Specialists, Inc
 2424 W. Missouri AVE
 Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM