



STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
60 STATE STREET, WETHERSFIELD, CT 06161

KNOW ALL MEN BY THESE PRESENTS:

BOND EFFECTIVE DATE: _____

| | | | | | |
|---------------------|--|---|--------------|-------|-----------------|
| NUMBER OF LOCATIONS | | AMOUNT OF SURETY BOND (To be Completed by Insurer) NOTE: 15,000.00 dollars Per Location up to a Maximum of 100,000.00 dollars | | | SURETY BOND NO. |
| PRINCIPAL | FULL NAME OF LICENSEE OR APPLICANT (Name Must Appear as in Records of DMV) | | | | |
| | ADDRESS | No. and Street | City or Town | State | Zip Code |
| SURETY COMPANY | FULL NAME OF SURETY COMPANY | | | | |
| | ADDRESS | No. and Street | City or Town | State | Zip Code |
| | STATE UNDER WHOSE LAWS CORPORATION ORGANIZED AND EXIST | | | | |

The above **Surety**, as duly authorized by law to become surety on bonds for the State of Connecticut, and the above **Principal** are held and firmly bound unto the State of Connecticut in the sum as so specified above to be paid to the State of Connecticut, to which payment the **Principal** and **Surety** do jointly and severally bind themselves, their heirs, executors, administrators, successors and assigns, and each and every one of them, firmly by these presents.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT:

WHEREAS, the Principal is an applicant or licensee under Section 14-69 of the Connecticut General Statutes, and **WHEREAS**, pursuant to the provisions of said Section 14-69(b), the Principal has been required, as a condition of licensure, to furnish the Commissioner of Motor Vehicles a bond satisfactory to him in the amount herein specified conditioned upon the applicant or licensee complying with the provisions of any State or Federal law or regulation relating to the conduct of such business as a driving school and provided as indemnity for any loss sustained by any person by reason of any acts of the licensee constituting grounds for suspension or revocation of the license or such licensee going out of business. This bond shall cover all acts and omissions that arise during the period the surety bond is in effect. The aggregate liability under this bond shall not exceed the amount of the bond.

NOW THEREFORE, if the above Principal shall conduct the business in full compliance with State and Federal law and regulations relating to the conduct of said business, then this obligation shall be void; otherwise to remain in full force and effect, subject to the following conditions:

No. 1- The State of Connecticut may act on behalf of any aggrieved person to recover from the Surety any losses sustained as a result of the act or acts of the principal relating to the conduct of its business as a Driving School.

No. 2- The liability of the Surety may be terminated by giving thirty days written notice thereof, by registered or certified mail, to the principal and to the Motor Vehicles Commissioner; and upon giving such notice, the Surety shall be discharged from all liability under this bond for any act or omission of the Principal occurring after the expiration of thirty days from the date of service of such notice.

No. 3- The Surety shall, upon receipt of notice of any claim hereon, promptly notify the Commissioner of Motor Vehicles of same by registered or certified mail.

The Signature of **Principal** and **Surety** must be witnessed. A current Power of Attorney for the **Surety's** attorney-in-fact must be attached to this bond.

| | |
|---|--|
| SIGNATURE OF PRINCIPAL X | PRINTED NAME AND TITLE OF PRINCIPAL |
| SIGNATURE OF WITNESS OF PRINCIPAL X | PRINTED NAME OF WITNESS OF PRINCIPAL |
| SIGNATURE OF ATTORNEY-IN-FACT OF SURETY X | PRINTED NAME OF ATTORNEY-IN-FACT OF SURETY |
| SIGNATURE OF WITNESS OF SURETY X | PRINTED NAME OF WITNESS OF SURETY |

IN WITNESS WHEREOF, the **Principal** and **Surety** have signed this instrument on

DAY: _____ | **MONTH:** _____ | **YEAR:** _____

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