

BOND FOR PRIVATE DETECTIVE AND/OR SECURITY SERVICE LICENSE

I, _____ of _____
(Name of licensee) (Company)

Of _____
(Address)

County of _____ and State of _____ as principal, and

_____ of _____
(Surety) (Company)

County of _____ and State of _____ authorized to do business in the State of Connecticut, as surety, am held and bound to the Commissioner of Emergency Services and Public Protection of the State of Connecticut and his successors in office, in the sum of **TEN THOUSAND AND 00/100TH DOLLARS** (\$10,000) the payment of which the principal and surety jointly and severally bind themselves, their heirs, executors, administrators, successors and assigns.

The conditions of this obligation are,

THAT the principal has made application to the Commissioner of Emergency Services and Public Protection of the State of Connecticut for a license to operate in the business of Private Detective and/or Watchman/Armored Car Service under the provisions of Chapter 534, Sections 29-153 through 29-161 of the Connecticut General Statutes for the period commencing _____ and ending _____

IF the said Commissioner of Emergency Services and Public Protection grants this application and the principal complies with the provisions of the general statutes covering such business, then this obligation shall be void; otherwise to remain in full force subject, however, to the following conditions:

1. The liability of the surety may be terminated for good cause by giving thirty (30) days written notice, by registered or certified mail, to the principal and to the Commissioner of Emergency Services and Public Protection. Upon giving 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 (30) days from the date of service of the notice.
2. Any suit or action brought under this bond shall be instituted within one (1) year from the date the service of cancellation is effective or the bond expires.

This bond is for a period commencing the _____ day of _____, and ending the _____ day of _____.

IN WITNESS, the said principal and surety have signed and sealed this instrument this

_____ day of _____.

(Signature of witness as to the licensee)

(Signature of licensee)

(Signature of witness as to surety)

(Signature of surety)

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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