

**State of Florida  
 Department of Business and Professional Regulation  
 Division of Professions: Talent Agencies  
 Talent Agency Bond Form**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation Customer Contact Center at (850) 487-1395.*

**TALENT AGENCY BOND**

To be filed with the Department of Business and Professional Regulation, State of Florida. KNOW ALL PERSONS BY THESE PRESENT, that we \_\_\_\_\_ (Principal - Name of Talent Agency) a/an \_\_\_\_\_ (Individual, Partnership or Corporation), with a business located at \_\_\_\_\_

are held and firmly bound unto the State of Florida, Department of Business and Professional Regulation, in the penal sum of FIVE THOUSAND DOLLARS (\$5,000), to the payment whereof we bind ourselves, our heirs, executors, administrators and assigns, firmly by these presents.

WHEREAS, the above bound Principal, having applied to the Department of Business and Professional Regulation for a license to operate as a talent agency in accordance with the laws of the State of Florida, and

WHEREAS, a license is required to engage in business as a talent agency:

It is a condition of this bond that the said Principal is to comply with all the laws and regulations governing the acts of talent agencies in Florida and a further condition of this obligation is that the Principal and Surety to this bond shall be subject to suit by action thereon by any person who shall sustain actionable injuries or loss or damage, including reasonable costs and attorney's fees, by the conduct on the part of the Principal, and it shall be for the purpose of indemnifying any person injured or damaged or who may suffer loss, due to any wrongful act of the Principal, his agents, or employees.

Regardless of the number of years this bond remains in force or the number of premiums paid, and regardless of the number or amount of claims or claimants, in no event shall the aggregate liability of the surety under this bond exceed the penal sum of the bond.

The inception date of this bond **begins** on \_\_\_\_\_, and this bond continues in effect until May 31 of the next even numbered year to coincide with Chapter 61-19.004, F.A.C., The surety bond filed with the Department must reflect the effective date until May 31<sup>st</sup> of an even year.

The Surety may, at any time, cancel or not renew this bond by giving thirty (30) days written notice by registered mail to the Department of Business and Professional Regulation Talent Agencies Office. The Surety shall, however, remain liable for any defaults under this bond committed prior to the expiration of such thirty (30) day period.

Signed, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, '\_\_\_\_' \_\_\_\_\_.

**Witness:**

**Principal:**

\_\_\_\_\_  
 Witness to Principal's Signature

\_\_\_\_\_  
 Name of Talent Agency

By \_\_\_\_\_  
 (Signature must agree with owner's signature on application)

Countersigned

\_\_\_\_\_  
 Surety Company

By \_\_\_\_\_  
 Agent of Surety Company

By \_\_\_\_\_  
 Attorney-in-fact (Signature)

**Information Needed from the Insuring Agency (Please Type)**

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

FEID #: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Bond Number Assigned: \_\_\_\_\_

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	
<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**  
 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](mailto:WWIS@WWISINC.COM)**