



GEORGIA BOARD OF PRIVATE DETECTIVE & SECURITY AGENCIES

STATE OF GEORGIA

BOND

BOND NUMBER: _____ COUNTY

KNOW ALL MEN BY THESE PRESENTS

That we, _____, as Principal/Licensee, and

_____ as Surety/Company, are held and firmly bound unto HIS EXCELLENCY, Governor of Georgia, and his successors in office in the just sum of TWENTY-FIVE THOUSAND AND NO/100 (\$25,000) DOLLARS, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and administrators, each and every one of them, jointly and severally, by these presents.

It is further understood and agreed that this bond is for a period beginning on the _____ day of _____, and ending on the _____ day of _____.

Whereas, the above bound Principal/Licensee has made application to the Georgia Board of Private Detective & Security Agencies for a license as Private Detective/Security Agency in accordance with the laws governing the Private Detective and Security Agencies in the State of Georgia;

It is a condition of this bond that the said Principal/Licensee is to comply with all of the laws governing the acts of Private Detective and Security Agencies in Georgia.

A further condition of this bond is that the Principal/Licensee and Surety/Company to this bond shall be subject to suit by action thereon for the purpose of indemnifying any persons aggrieved by any act of the Principal/Licensee, which act is in violation of Code Section 43-38 and would be grounds for denial, suspension, or revocation of a license under Code Section 43-38-11. Any and all damages paid shall not exceed the amount of this bond.

Now, should the said Principal/Licensee, faithfully perform all his duties under Code Section 43-38 as a Private Detective/Security Agency during the term for which he has been licensed, then the above bond is to be void upon expiration of his license, else to be in full force and effect.

IN WITNESS WHEREOF, the Principal/Licensee and Surety/Company have caused these presents to be duly signed and executed under seal, this _____ day of _____.

Signature of Principal/Licensee

Surety/Company – Name of Company

Address

Countersigned:

Resident Agency

By Attorney-in-Fact

IMPORTANT: BOND MUST BE SIGNED – POWER OF ATTORNEY MUST BE ATTACHED

CANCELLATION CLAUSE – No licensee shall cancel or cause to be canceled a bond ... issued pursuant to this Code section unless the board is so informed in writing by certified mail or statutory overnight delivery at least 30 days prior to the proposed cancellation. O.C.G.A. Section 43-38-6(d)(1).

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