



PROFESSIONAL LICENSING BOARDS

237 Coliseum Drive

Macon, GA 31217

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http://www.sos.georgia.gov/plb

Brian P. Kemp
Secretary of State

**Registration of Immigration Assistance Act
Immigration Assistance Provider Bond**

Applicant:

KNOW ALL MEN BY THESE PRESENTS:

That we, _____
of _____
As Principal, and _____

as surety, are held and firmly bound unto the Secretary of State of the State of Georgia, for the use of the State of Georgia, and to any person who may have a cause of action against the Principal for any malfeasance or misfeasance in the conduct by the Principal as an Immigration Assistance Provider, in the sum of \$5,000.00, lawful money of the United States of America, to be paid to the Secretary of State of the State of Georgia for the use of the State of Georgia and to any person who may have a cause of action against the Principal for any malfeasance or misfeasance in the conduct of immigration assistance by the Principal as an Immigration Assistance Provider, as their interests may appear, not exceeding in the aggregate the said sum of \$5,000.00 for which payment well and truly to be made we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents, in accordance with the terms, limitations and conditions set forth in O.C.G.A. § 43-20A-4.

WHEREAS, the above bounden Principal has applied to the Secretary of State of the State of Georgia for registration as an Immigration Assistance Provider for the purpose of acting as an Immigration Assistance Provider required to register with the Secretary of State of the State of Georgia pursuant to O.C.G.A. § 43-20A-4 et seq. (Immigration Assistance Act) (hereinafter "Act").

NOW, the condition of this obligation is such, that if the Secretary of State of the State of Georgia shall register the above bounden Principal as such Immigration Assistance Provider and said Principal shall faithfully and honestly act as such Immigration Assistance Provider in accordance with law, and fully comply with the provisions of the Act, and the acts amendatory thereof and supplemental thereto, and if the Principal shall fully indemnify and save harmless from loss the State of Georgia and any person who may have a cause of action against the Principal for any malfeasance or misfeasance in the conduct of immigration assistance as such Immigration Assistance Provider then this obligation shall be void, otherwise to remain in full force and virtue.

This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted. This bond is to cover all claims arising on account of the registration of the Principal and his acting as such Immigration Assistance Provider for the full term hereof beginning on _____ and expiring on _____.

IN WITNESS WHEREOF we have hereunto set our hands on this _____ day of _____, 20_____.

Name of Principal: _____

By: _____

Title: _____

Signed and Sealed in my presence this _____ day of _____, 20_____.

Official Witness (Notary)

Name of Surety: _____

By: _____

Title: _____

Signed and Sealed in my presence this _____ day of _____, 20_____.

Official Witness (Notary)

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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