

INSTRUCTIONS FOR FILING:

1. Complete **all** sections of form as required.
2. **Both** applicant **and** surety must complete and **notarize** page 2.
3. Failure to submit a completed form will delay processing of your license.
4. Attach Power of Attorney if applicable.

STATE OF HAWAII
BOARD OF PRIVATE DETECTIVE & GUARDS
Department of Commerce & Consumer Affairs
PVL Licensing Branch
P. O. Box 3469, Honolulu, Hawaii 96801
Access this form via website at: hawaii.gov/dcca/pvl

CHECK ONE BOX ONLY:

☐ Private Detective/Agency Bond No.: _____

☐ Guard/Agency Bond No.: _____

BOND

PRIVATE DETECTIVE, GUARD OR AGENCY

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____,
(Name of Applicant)

State of Hawaii, as Principal, and _____ registered and
(Name of Surety)

authorized to do business in the State of Hawaii, as Surety, are held and firmly bound unto the State of Hawaii, in the full and just sum of **FIVE THOUSAND DOLLARS (\$5,000.00)** lawful money of the United States of America, to be levied upon our respective, joint and several property, in case the conditions hereinafter set forth shall be violated.

For the just and full payment of which we hereby jointly and severally bind ourselves, and our respective heirs, executors, and administrators and assigns.

THE CONDITIONS OF THIS OBLIGATION ARE SUCH THAT:

WHEREAS, the above bounden principal has otherwise qualified and will be duly licensed by the Board of Private Detectives and Guards of the State of Hawaii following the filing of this bond in accordance with Chapter 463, Hawaii Revised Statutes.

NOW, THEREFORE, if the said bounden principal shall fully and faithfully comply with all of the provisions of said Chapter 463 and the rules and regulations of the Board, then this obligation shall be void, otherwise it shall be and remain in full force and effect.

AND, as provided in Chapter 463 of the Hawaii Revised Statutes, any person injured by the willful, malicious or wrongful act of the principal may sue the surety for the recovery of any damages sustained, but the aggregate liability of the surety shall not exceed the face of the bond.

IT IS HEREBY stipulated and agreed that suit on this bond may be brought before a court of competent jurisdiction without a jury.

AND, this bond shall remain in full force and effect and shall run concurrently with the license period and for any renewals thereof, unless terminated or cancelled by the surety. Such termination or cancellation shall not be effective, however, until at least thirty (30) days shall have passed following the receipt of the notice of such termination or cancellation in the office of the Board and shall thereafter be relieved of any liability for any breach of condition occurring after the effective date of cancellation.

(CONTINUED ON PAGE 2)

*** NOTARIZED SIGNATURE REQUIRED ON PAGE 2 ***

Print Name of Applicant: _____

IN WITNESS WHEREOF, we the said Principal and the said Surety, have hereunto set our hands and seals this ____ day
of _____ .

Subscribed and sworn to before me this	
_____ day of _____	A.D. _____ .
Notary Signature: _____	
Notary Public, State of: _____	
My commission expires: _____	
Print Name: _____	

PRINCIPAL: _____
By: _____
Its _____

Doc. Date: _____	No. of Pages: _____
Notary Name: _____	Circuit Court: _____
Doc. Description: _____	
Notary Signature: _____	
Date: _____	

Subscribed and sworn to before me this	
_____ day of _____	A.D. _____ .
Notary Signature: _____	
Notary Public, State of: _____	
My commission expires: _____	
Print Name: _____	

SURETY: _____
By: _____
Its _____

Doc. Date: _____	No. of Pages: _____
Notary Name: _____	Circuit Court: _____
Doc. Description: _____	
Notary Signature: _____	
Date: _____	

Bond forms change; this is for educational purposes only.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

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