

Bond No. _____

Effective Date: _____

Expiration Date: CONTINUOUS

STATE OF HAWAII

BOND

PRIVATE TRADE, VOCATIONAL OR TECHNICAL SCHOOL

KNOW ALL MEN BY THESE PRESENTS:

THAT WE, _____ of the County of _____, State of Hawaii, as Principal, and _____, as Surety, are held and firmly bound unto the State of Hawaii, in the full and just sum of _____ (a _____) lawful money of the United State of America, for the just and full payment of which we hereby jointly and severally bind ourselves, and our respective heirs, executors and administrators, and successors.

THE CONDITION OF THIS OBLIGATION IS SUCH, that

WHEREAS, the Principal desires to obtain, or to renew, a license of licenses to operate a private trade, vocational or technical school under and pursuant to Sections 302A-101, 302A-424 to 302A-428, Hawaii Revised Statutes, and to the provisions of Chapter 101, Title 8, Hawaii Administrative Rules, appertaining thereto:

NOW, THEREFORE, if such license of licenses shall be issued and if the above bounden Principal shall fully and faithfully comply with the provisions of the statute herein above mentioned and the Rules and Regulations of the Department of Education, then this obligation shall be void, otherwise, it shall be and remain in full force and effect;

AND every person suffering loss or damage because of failure of the Principal to fully and faithfully comply with said statute or said Rules or because of failure of the Principal to fully and faithfully provide instruction and training as represented by said Principal or required by said statute or Rules, may sue the Surety for the recover of any loss or damage and for the proportionate recovery of tuition, fees and other charges paid in advance as provided in said statute or Rules.

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 respective license period or periods and for any renewals thereof, unless terminated, canceled, or not renewed by the Surety. Such termination, cancellation, or non-renewal shall not be effective, however, unless written notice thereof is delivered by the Surety to the:

Department of Education
Community Education Center
634 Pensacola Street, Room 222
Honolulu, Hawaii 96814

at least thirty (30) days prior to the date of termination, cancellation, or non-renewal.

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

Principal

Surety

Subscribed and sworn to before me

On this _____ day of _____,

Notary Public,

NOTARY

SEAL

Judicial Circuit, State of Hawaii

My commission expires: _____

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