



STATE OF IDAHO
 Idaho State Board of Education
 650 W. State Street Room 307
 Boise, ID 83702
 P.O. Box 83720
 Boise, ID 83720-0031

BOND # _____
Effective date _____

SURETY BOND FOR PROPRIETARY SCHOOL
 Pursuant to Idaho Code Title 33, Chapter 26

_____, ("Principal"), desires to register in Idaho as a propriety school under the name of _____, an Idaho _____. A condition of annual registration is that a propriety school shall obtain a surety bond issued by an insurer duly authorized to do business in this state in favor of the State of Idaho for the indemnification of any student for any loss suffered as a result of a failure by such propriety school to satisfy its obligations pursuant to the terms and conditions of any contract for tuition or other instructional fees entered into between the propriety school and a student, or as a result of any violation of the laws applicable to propriety schools in Idaho. The term of the bond shall extend over the period of registration, and shall be in the amount established by the Idaho State Board of Education through administrative rule. The bond shall not be cumulative from year to year. The Executive Director of the Idaho State Board of Education may submit a demand upon the surety on the bond on behalf of a student or students when it is reasonably believed that a loss has occurred due to a failure by such propriety school to satisfy its obligations pursuant to the terms and conditions of any contract for tuition or other instructional fees entered into between the propriety school and a student, or as a result of any violation of the provisions of Idaho code, Tittle 33, Chapter 24 or the administrative rules set forth in IDAPA 08.01.11.

Neither the Principal nor Surety on the bond may terminate the coverage of the bond, except upon giving one hundred twenty (120) days' prior written notice to the Idaho State Board of Education. The bond shall remain in force for 120 days after a school closure to allow time for filing of any potential claims that may arise.

_____, a _____, is an insurer authorized to do business in Idaho. Principal and Surety are hereby held and firmly bound unto the State of Idaho, in the sum of _____, lawful money of the United States of America, for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, firmly by these presents. The effective date of this surety bond is: _____.

 (PRINCIPAL)

 (SIGNATURE OF OFFICER OF THE PRINCIPAL) DATE

 (NAME OF SURETY COMPANY)

 (SIGNATURE OF OFFICER OF SURETY COMPANY) DATE

 (TITLE OF OFFICER OF SURETY COMPANY)

 (NAME, TITLE AND TELEPHONE NUMBER OF CONTACT FOR SURETY)

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	
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
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 Phoenix, AZ 85015

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