



Private Employment Agency Surety Bond

Illinois Department of Labor
Equal Opportunity Workforce
Michael A. Bilandic Building
160 North LaSalle, Suite C-1300
Chicago, Illinois 60601-3150
Tel # (312) 793-2810
Fax# (312) 793-5257

BOND NO.: _____

Be It Hereby Known

That _____
(PRINCIPAL - NAME of sole owner, parnters, corporation or LLC/LLP)

doing business under the NAME and STYLE of _____

Located at _____, in the

City of _____ County of _____

and State of Illinois, hereafter referred to as principal, and _____

(Bond Company)

As sureties, are held and firmly bound unto the People of the State of Illinois, in the sum of FIVE THOUSAND DOLLARS, for the payment of which, well and truly to be made, we bind ourselves, our successors, heirs, executors and administrators, jointly and severally, firmly, by this instrument one year from _____

(Date)

Whereas the above bound principal is desirous of being licensed by the Illinois Department of Labor to operate and maintain a private employment agency from the approval and issuance of the license dated contemporaneously with this instrument, it is a condition of this obligation that said principal shall act in accordance with the PRIVATE EMPLOYMENT AGENCIES ACT 225 ILCS 515/0.1 et seq. and the applicable Rules of the Illinois Department of Labor 68 ILL. ADMIN. CODE 680.100 et seq.

Now if the said principal shall faithfully observe all the duties, terms, conditions, provisions or requirements of the laws in relation to said private employment agencies, then is obligation is to be void; otherwise it is to be in full force and effect.

If the surety herein shall so elect, this bond may be conditionally cancelled at any time by the surety herein filing with the Division of Private Employment Agencies of the State of Illinois and by certified mail to the above principal a sixty (60) day written notice of such conditional cancellation, but said surety so filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue there under before the expiration of said sixty (60) day period.

Witness our hands and seals this _____ day of _____, A. D. _____

(Bond Company)

(Signature Attorney-in-fact)

(Signature of PRINCIPAL - Name of sole owner, partner, corporate officer, or LLC manager)

Digital Signature _____ Bond forms change; this is for educational purposes only.

File Number

Reviewed By:

Date Received

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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