

ILLINOIS STATE BOARD OF EDUCATION
Accountability Division
Private Business and Vocational Schools
100 North First Street
Springfield, Illinois 62777-0001

BLANKET SURETY BOND TO COVER ALL SALES REPRESENTATIVES

Know all persons by these presents:

Bond No. _____

MAXIMUM NUMBER OF REP-
RESENTATIVES COVERED _____

That We, _____,
of _____ including
(Street, City, State, Zip Code)
any and all locations in the State of Illinois, as Principal, and _____
(Name of Surety)

_____, a Corporation organized under the laws of the State of _____
and duly authorized to transact business in the State of Illinois, as Surety, are held and firmly bound unto the State of
Illinois, in the penal sum of Two Thousand Dollars (\$2,000) for each Sales Representative covered hereunder, lawful
money of the United States, for the payment of which said Principal and Surety bind themselves, their heirs, administra-
tors, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal desires to supply a blanket bond to cover the surety requirement of each Sales Representative
hired by the school under An Act in Relation to the Regulation of Business and Vocational Schools, as amended, which
Act provides for an applicant for a Permit to solicit any prospective students within the State of Illinois to enroll in an
approved school located within or outside the State, to file a bond in the penal sum of Two Thousand Dollars (\$2,000)
(for each Sales Representative) to provide indemnification to any student, parent, guardian or sponsor suffering loss as
a result of any fraud or misrepresentation used in procuring his/her enrollment.

NOW THEREFORE, the condition of this obligation is such that if the Principal shall indemnify any person suffering a loss
as the result of any fraud or misrepresentation used by a Sales Representative representing said Principal in procuring
such person's enrollment in a course of instruction, and if each Sales Representative covered by this bond shall
faithfully comply with all the terms, conditions, provisions and requirements of the aforesaid Act and the regulations
adopted by the Illinois State Board of Education and save the State of Illinois harmless from any wrongful act, then this
obligation shall be void, otherwise to remain in full force and effect.

If the Surety herein shall so elect, this bond may be cancelled by the Surety upon giving thirty (30) days notice with
reason for such cancellation in writing to the Principal and the Illinois State Board of Education of the State of Illinois and
is relieved of liability for any breach of condition occurring after the effective date of said cancellation. Termination of
this surety bond shall be grounds for the revocation of the Principal's sales representative permits.

SIGNED, SEALED AND DATED THIS _____ day of _____ 20____.

Signature of Principal

Signature of Surety

Signature of Attorney in Fact

- Illinois State Board of Education Approval -

Date

Signature

Title

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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