



INSTITUTIONAL SURETY BOND

State Form 39284 (R5 / 7-12)

STATE WORKFORCE
INNOVATION COUNCIL

Bond number

INSTRUCTIONS: Attach the power of attorney to the completed form.

KNOW ALL MEN BY THESE PRESENT:

That we, _____, of the City of _____,
State of _____, as Principal, and _____,
a corporation organized under the laws of the State of _____, and duly authorized to transact business in the

State of Indiana, as Surety, are held and firmly bound unto the State of Indiana, as Oblige, in the penal sum of _____ dollars, lawful money of the United States, for which payment, well and truly to be made, we bond ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the above bounden Principal has obtained or is about to obtain from the said Oblige accreditation to operate an educational institution pursuant to Indiana Code, Title 22, Article 4.1, Chapter 21, and the term of said accreditation is effective:

Beginning the _____ day of _____, _____, and ending the _____ day of _____, _____.

WHEREAS, the Principal is required by Indiana Code, Title 22, Article 4.1, Chapter 21, Section 15, to file with the State Workforce Innovation Council for the above indicated term and conditioned as hereinafter set forth, a surety bond to provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or neglected to faithfully perform all agreements, express or otherwise, with the student, enrollee, or the parents or guardians thereof as represented by the application for the accreditation and the materials submitted in support of that application, or as a result of having failed or neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title 22, Article 4.1, Chapter 21.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden Principal as such accredited institution shall indemnify said Oblige against all loss, cost, expenses, or damage to it caused by said Principal's noncompliance with or breach of any law, statutes, ordinances, rules or regulations pertaining to such accreditation issued to the Principal, which said breach or noncompliance shall occur during the aforementioned term of said accreditation, and shall further provide indemnification to any student or enrollee who shall suffer loss or damage as a result of the Principal having failed or neglected to faithfully perform all agreements, express or otherwise, with the students, enrollee, or the parents or guardians thereof as represented by the application for the accreditation and materials submitted in support of that application, or as a result of having failed or neglected to maintain and operate a course or courses of instruction or study in compliance with the standards of Indiana Code, Title 22, Article 4.1, Chapter 21, then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, that recovery under this bond shall be governed by applicable statutory procedure and by applicable regulations promulgated by the State Workforce Innovation Council.

PROVIDED FURTHER, that this bond may be cancelled by the Surety as to subsequent liability by giving thirty (30) days notice in writing to said Oblige.

Signed, sealed and dated the _____ day of _____, _____.

Signature of surety

Signature of principal

Signature of principal

By attorney-in-fact

By Chief Administrative Officer

SURETY
SEAL

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