



Bond Number _____

DRIVER TRAINING SCHOOL OPERATOR'S BOND

KNOW ALL MEN BY THESE PRESENTS, That _____

of _____, _____, as principal, and
City Stateof _____, _____, as surety, are
City State

held and firmly bound to the State of Kansas, and its successors in function, for the use and benefit of such persons as may suffer injury and damages as a result of the applicant's failure to fulfill any provision of any contract for lessons and instruction to any student in a driver training class conducted by applicant, and all other persons concerned, in the penal sum of \$2,500 for payment of which, well and truly to be made, we do jointly and severally bind ourselves, our heirs, personal representatives, successors, and assigns. The aggregate liability of the surety for all breaches of the condition of this bond in no event shall exceed the principal sum of \$2,500. The surety hereunder may cancel this bond on giving 30 days' notice to the Kansas State Department of Education and after such notice shall be relieved of liability for any breach thereof which occurs after the effective date of cancellation.

The condition of this obligation is such that the above named principal has made application to the Kansas State Department of Education for a license as an owner of a driver training school equipped for approved instruction in driver training for the year ending December 31, _____.

Now, therefore, if such license is granted, and if the above named principal, his or her agents, servants, employees, and licensees, shall comply with the provisions of K.S.A. 8-273 et seq., as amended and supplemented, and shall promptly, honestly and faithfully perform all contracts for driver training entered into by them, and shall satisfy and discharge all judgments arising out of operations in the State of Kansas during the period for which such registration is issued, then this obligation shall be void; otherwise to remain continuously in full force and effect.

Witness our hands this _____ day of _____.

(Attach
CertifiedCopy of
Power of
Attorney)Affix
Corporate
Seal of
PrincipalAffix
Corporate
Seal of Surety

Principal

Surety

Countersigned in Kansas

By _____

By _____

Attorney in Fact

Title _____

Address _____

Address of Attorney in Fact

APPROVAL

The above and foregoing bond is hereby approved and filed in the office of the Kansas Commissioner of Education, this _____ day of _____, 20____.

Kansas Commissioner of Education

By _____

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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Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM