

**STATE OF LOUISIANA**  
**OFFICE OF REGULATORY SERVICES**  
**PRIVATE EMPLOYMENT SERVICE – SURETY BOND FORM**  
**(225) 342-7825**

BOND NO. \_\_\_\_\_ SURETY BOND COVERAGE \_\_\_\_\_

Whereas \_\_\_\_\_  
(Individual's Name)

has/have applied to the ASSISTANCT SECRETARY, OFFICE OF REGULATORY SERVICES of the State of Louisiana for a license to conduct the business of Employment Service, as defined and regulated by the Louisiana Revised Statutes of 1950, Chapter 2, Title 23:

Be it known that the below-listed Employment Service applicant and insurance company, as surety, are held and firmly bound unto the ASSISTANT SECRETARY, OFFICE OF REGULATORY SERVICES of the State of Louisiana and his successors in office, in the sum of \_\_\_\_\_ Dollars (\_\_\_\_\_) for the payment of which, well and truly to be made, we do hereby bind ourselves, our heirs, successors, administrators, and assigns, according to all the terms and conditions provided by R.S. 23:106 and hereinafter stated.

Licensee (Individual's Name) \_\_\_\_\_

Employment Service (Business Name) \_\_\_\_\_

Trade Names \_\_\_\_\_

Physical Location (Street Address) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Surety Company (Insurance Company) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Area Code & Phone Number \_\_\_\_\_

The term of this bond begins on \_\_\_\_\_ through \_\_\_\_\_.

The conditions of this bond are as follows:

- (1) That the Licensee(s) shall not violate any law or any lawful order, rule, or regulations made hereunder relating to employment services;
- (2) That the Licensee(s) shall comply with all the terms and conditions of its contracts with applicants and employers;
- (3) That the Licensee(s) will promptly refund to such applicants any fees, or any portion thereof where the employment, engagement, or help proves to be temporary or where the fees are higher than those provided for in the fee schedule required to be filed with the Assistant Secretary;
- (4) That the licensee(s) shall pay all damages resulting from any unlawful action or inaction as an employment service;
- (5) That the attorney general, suing under R.S. 51:1408, or anyone injured by the licensee or by its agents or employees while acting within the scope of their employment, by reason of a misstatement, misrepresentation, fraud, or deceit, or by reason of any other unlawful act or omission, or by reason of any other violation of the provisions of this part, made or committed in connection with the prosecution of the business licensed hereunder, shall have the right to sue both the Licensee(s) and the surety on the said bond for damages or other relief in any court of competent jurisdiction.

Signed at \_\_\_\_\_, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the presence of the subscribing competent witness, signing with appearers after due reading:

WITNESSES:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Licensee(s))

INSURANCE AGENCY NAME  
\_\_\_\_\_

\_\_\_\_\_  
(Surety)

AREA CODE & PHONE NUMBER  
\_\_\_\_\_

BY: \_\_\_\_\_ - Attorney – in – Fact

# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
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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