



Surety Bond for Certificate of Registration

**State of Louisiana
Board of Regents**

Division of Planning, Research & Performance
Proprietary Schools
P.O. Box 3677
Baton Rouge, LA 70821-3677

PLEASE TYPE OR PRINT

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS:

That _____,
(Name of Proprietary School)

of the City of _____ State of _____,

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 Louisiana as Surety, are held and firmly bound unto the State of Louisiana, in the penal sum of Ten Thousand Dollars (\$10,000), lawful money of the United States, for the payment of which said Principal and Surety bind themselves, their heirs, administrators, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has applied for a license under R.S.17:3141.5.D. to establish a proprietary school.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall indemnify any person suffering a loss or damage from the acts of any and all persons engaged as agents of the Principal as a result of:

1. Any fraud or misrepresentation used in procurement of such person's enrollment in Principal's school or course; or
2. The failure on the part of the Principal to carry out and comply with each and every contract and agreement made and entered into by said Principal, acting by and through its officers, agents, or representatives with any student or enrollee; or
3. The inability of the student to complete the course or courses because the school ceased operation or failed to furnish the facilities advertised or included in the contracted agreement; and shall faithfully comply with all the terms, conditions, provisions and requirements of the aforesaid Act and the regulations adopted by the Board of Regents and shall save the State of Louisiana harmless from any wrongful act arising out of the operation of the school, then this obligation shall be void, otherwise to remain in full force and effect.
4. The failure on the part of the school to adequately maintain all student records, which shall include the failure to transfer such records in accordance with the provisions of R.S. 17:3141.16(D)(3) and (4).

PROVIDED, however, that the liability of the Surety shall in no event exceed the sum of Ten Thousand Dollars (\$10,000) in the aggregate for any and all claims hereunder.

The Surety may be released from the bond or may terminate the bond by full compliance with the procedures for such action set out in R.S.17:3141.5 E and subject to the conditions therein.

SURETY BOND FOR CERTIFICATE OF REGISTRATION

SIGNED, SEALED AND DATED THIS _____ day of _____, _____

*Principal
(Name of School)*

Attorney-in-Fact

*Signature
of School Official*

Name of Insurance or Bonding Agency

Address of Insurance or Bonding Agency

*Title
of School Official*

*Phone Number of Insurance or Bonding
Agency*

Bond forms change; this is for educational purposes only.

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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