

STATE OF MAINE
DEPARTMENT OF EDUCATION
23 State House Station
Augusta, Maine 04333-0023

Blanket Bond - Private Business, Trade or Technical School
(Continuous)

Bond Number _____

_____, the address of which is
_____, as principal, and
_____, the address of which is
_____, as surety, jointly and

severally bind ourselves, and each of our heirs, executors, administrators, successors, and assigns by these presents to be held and bound unto the State of Maine, **(check one of the following: Maine Department of Education or the Finance Authority of Maine** in the sum of _____. This sum must be the greater of 10% of the principal's gross receipts from tuition in the 12 months prior to the issuance of this bond or Twenty Thousand Dollars to provide indemnification to any student suffering loss as a result of any fraud or misrepresentation by the principal or its solicitors, as authorized by 20-A M.R.S.A. § 9502.

This bond is a requirement for the above-named principal to apply for a license as a privately owned business, trade or technical school pursuant to 20-A M.R.S.A. §§ 9501 - 9508.

NOW THEREFORE, if the above-named principal and its solicitors shall fully and faithfully perform their contracts and agreements with students with no fraud or misrepresentation, this obligation shall be void; but otherwise this obligation shall remain in full force until cancelled by the principal or surety, provided that no such cancellation shall be effective until 60 days after written notice of such cancellation has been received by the Commissioner of Education, Department of Education at the address shown above, and further provided that cancellation of this instrument shall not affect the obligation of the principal and surety to provide indemnification to any student who suffered loss as a result of any fraud or misrepresentation by the principal or its solicitors that occurred while this instrument was in effect. Cancellation of the bond by the surety shall result in the revocation of the license.

Dated: _____

(Principal)

By: _____

(Surety)

By: _____

(Attorney-in-Fact)

**Acknowledgement of Signature of Principal
(corporation)**

State of _____
County of _____

On this _____ day of _____, _____, before me personally appeared _____, to me personally known, who being by me duly sworn did say that he is the _____ of _____; that the seal affixed to the foregoing instrument is the corporate authority of its board of directors; and the said _____ acknowledged the instrument to be the free act and deed of the corporation.

Notary Public, _____
(County and State)
My commission expires _____, _____

**Acknowledgement of Signature of Principal
(partnership)**

State of _____
County of _____

On this _____ day of _____, _____, before me personally appeared _____, to me personally known, who being by me duly sworn did say that he is a partner of _____; that execution of the instrument carries on in the usual way the business of the partnership; and that he is authorized to execute the instrument on behalf of the partnership; and the said _____ acknowledged the instrument to be the free act and deed of the partnership.

Notary Public, _____
(County and State)
My commission expires _____, _____

**Acknowledgement of Signature of Principal
(sole proprietorship)**

State of _____
County of _____

On this _____ day of _____, _____, before me personally appeared _____, to me personally known, who being by me duly sworn did say that he is the principal and acknowledged the instrument to be his free act and deed.

Notary Public, _____
(County and State)

My commission expires _____, _____

**Acknowledgement of Signature of
Attorney-in-Fact of Surety**

NOTE: the power of attorney must be separately attached.

State of _____
County of _____

On this _____ day of _____, _____, before me personally appeared _____, to me personally known, who being by me duly sworn did say that he is the attorney-in-fact of _____; that the seal affixed to the foregoing instrument is the corporate seal of the corporation, and that the instrument was executed on behalf of the corporation by authority of its board of directors; and the said _____ acknowledged the instrument to be the free act and deed of the corporation.

Notary Public, _____
(County and State)

My commission expires _____, _____

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