

STATE OF MARYLAND  
DEPARTMENT OF LABOR AND REGULATION  
DIVISION OF LABOR AND INDUSTRY  
11 00 NORTH EUTAW STREET, ROOM 606  
BALTIMORE, MARYLAND 21201  
(410) 767-2228

Bond # \_\_\_\_\_

EMPLOYMENT AGENCY BOND

KNOW ALL MEN BY THESE PRESENTS:

that we, \_\_\_\_\_

as Principal, and \_\_\_\_\_

a corporation duly incorporated under the laws of the State of \_\_\_\_\_

and authorized to write fidelity and surety bonds in the State of Maryland, as Surety, are hereby held and firmly bound

unto the State of Maryland in the full and just sum of \_\_\_\_\_ Dollars ( \_\_\_\_\_ ),  
for the payment of which, well and truly to be made, the Principal binds himself, his heirs, executors, and administrators, and  
the Surety binds itself, its successors and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED AND DATED this \_\_\_\_\_ day of \_\_\_\_\_  
in the year A.D. \_\_\_\_\_

WHEREAS, the above-bounded Principal has made application the Division of Labor and industry for a license to do  
business as a Employment Agency in the State of Maryland; and

WHEREAS, by Section 8-303 of the Business Regulation Article, Annotated Code of Maryland it is provided that before  
any such Employment Agency shall do business in the State of Maryland he shall give a bond in the penal sum of  
Seven Thousand Dollars (\$7,000.00) for each Agency to be operated within the State payable to the State of Maryland and conditioned  
upon the compliance by said applicant with the provision of Title 9 of the Business Regulation Article and the payment by each  
applicant of all damages occasioned to any person by reason of any misstatement, misrepresentation, fraud, or deceit forbidden by  
said subtitle of the part of such applicant or of his agents or employees.

NOW, THEREFORE, the condition of this obligation is such that if the above-bounded Principal during the continuance  
of such license shall faithfully observe the provisions of Title 9 of the Business Regulation Article, and shall pay all damages  
occasioned to any person by reason of any misstatement, misrepresentation, fraud, deceit, or any unlawful act or omission  
of such licensee, his agents or employees occurring tin the course of business conducted under such license, or caused by  
any violation of the aforesaid Article in carrying on the business for which said license is granted then this obligation shall be null and  
void, otherwise to remain in full force and effect.

IT IS FURTHER AGREED and understood that this bond given for the period beginning on the \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_ and ending on the 30<sup>th</sup> day of April, \_\_\_\_\_

WITNESS:

\_\_\_\_\_

\_\_\_\_\_

Principal

ATTEST:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surety

VALERIE ABER, 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>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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.

<b>Worldwide Insurance Specialists, Inc</b> 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail <a href="mailto:WWIS@WWISINC.COM">WWIS@WWISINC.COM</a>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
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