

Appendix 2

MARYLAND HIGHER EDUCATION COMMISSION """"
Division of Planning and Academic Affairs
6 N. Liberty Street, 10th Floor
Baltimore, Maryland 21201

PRIVATE CAREER SCHOOL BOND

KNOW ALL PERSONS BY THESE PRESENT:

That we,aaaaaaaaaaaaaaaaaaaaaaaaaaaa, located at"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa, as principal
\*oRtkpek rro+."cpf "aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa."qh"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"
cu'uwrgv "oUwrgv{ o+."ctg"j grf "cpf "hko n{ "dqwpf "wpvq "vj g'O ct{ rcpf "Ucvg"Ugetgvct{ "qh"J ki j gt "Gf vecvkp"lp"
vj g'r gpcn'wo "qh"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa"aaaaaaaaaaaaaaaaaaaaa+lp'ry hwi'o qpg{ "qh"vj g"Wpkgf "Ucvgu'hqt""
vj g'r c{o gpv'qh'y j lej "uckf "Rtkpek rnc'cpf "Uwrgv "dlpf "vj go ugrxgu "vj gkt"j gktu."cf o kpkutcvqtu."gz gewqtu."uweeguqtu."
cpf."cuuki pu."lqkpv{ "cpf "ugxgtcm{ ."hko n{ "d{ "vj gug'r t gugpvu0

WHEREAS, said Principal has applied for approval to operate an institution of postsecondary education
under the provision of Title 11, Subtitle 2, of the Education Article of the Annotated Code of Maryland, which
requires such schools to furnish a bond at the discretion of the Maryland Higher Education Commission.

NOW THEREFORE, the condition of this obligation is such that if the Maryland Secretary of Higher
Education shall issue to the Principal such approval as may be required, and if said Principal shall at all times
faithfully perform all agreements and contracts with students and comply with provisions of Title 11, Education
Article, Annotated Code of Maryland and Regulations issued thereunder, then this obligation shall be void.

PROVIDED HOWEVER, that the liability of the Surety under this bond shall not in the aggregate exceed
the penal sum thereof for all breaches of conditions of such bond; and, in addition, this bond may be canceled by
the Surety by the filing with the Maryland Secretary of Higher Education within sixty (60) days written notice of
such cancellation, but the Surety by filing such notice shall not be discharged from any liability already accrued
under this bond or which shall accrue hereunder before the expiration of such sixty (60) day period.

IN WITNESS WHEREOF, we have duly executed the foregoing obligation this aaaaa day of aaaaaaaaaaaaaa,
aaaaaaaaaaaaa0

(Principal - Signature) (SEAL)

(Surety Name)

(Attorney-in Fact - Signature) (SEAL)

(Rev. 7/11)

# 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.

**Worldwide Insurance Specialists, Inc**  
 2424 W. Missouri AVE  
 Phoenix, AZ 85015

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**Local (602) 749-0702**  
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