

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Commission on Correctional Standards

Private Home Detention Monitoring Agency Surety Bond

KNOW ALL MEN BY THESE PRESENTS: That we _____ in the County of _____ and State of _____ as principal, and the _____, a corporation duly organized and existing under the laws of the State of _____ and being duly authorized to transact the business of a surety company in the State of Maryland in the sum of _____ dollars the payment of which we jointly and severally bind ourselves, our heirs, executors and administrators, successors and Assigns, by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the said _____, has applied to the Secretary of Public Safety and Correctional Services for a license to engage in the Private Home Detention Monitoring Business under the provisions of Title 20, Business Occupations and Professions Article, Sections 20-101 thru 20-601, this bond is given for a period of _____ months, beginning _____ and ending _____.

NOW THEREFORE, if the said _____, his or its agents, operatives and assistants shall faithfully and honestly conduct the business and properly discharge all the services which, he or it may perform by virtue of such license, then this obligation shall be null and void, otherwise it shall be and remain in full force and effect. The said bond may be enforced in the name of the State for the benefit of any person injured by the willful, malicious or wrongful act of the Licensee, his or its agents, operatives and assistants. Termination or cancellation is subject to Section 601 of Title 20.

IN WITNESS THEREOF, the said _____, as principal, has hereunto set his hand and seal, and the said _____ has affixed his hand and seal and caused these presents to be signed in its behalf by its _____ duly authorized thereto this _____ day of _____, _____.

In the presence of:

Witness of Principal's Signature

Principal's Signature

Witness of Surety Company's Signature

Surety Company's Signature

By: _____

Approved as to form and legal sufficiency:

Date: _____ 20_____

Assistant Attorney General

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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