



Maryland Department
of Transportation
MOTOR VEHICLE ADMINISTRATION
6601 HITCHIE HIGHWAY N E
GLEN BURNE, MARYLAND 21062

SURETY BOND
OF
PROFESSIONAL
DRIVER SCHOOL

BOND NO. _____
SCHOOL NO. _____

KNOW ALL MEN BY THESE PRESENTS:

TRADE NAME _____

Names of three officers of corporation Shall be shown - PLUS TRADE NAME
A close corporation shall show name(s) of Corporate Officer(s) - PLUS TRADE NAME

OFFICER(S) NAME(S) _____

as Principal, and _____
(NAME OF BONDING COMPANY)

a corporation organized and existing under the laws of the State of _____ and
authorized to do business in the STATE OF MARYLAND, as Surety, are held and firmly bound unto the
ADMINISTRATOR OF MOTOR VEHICLES, STATE OF MARYLAND in the penal sum of FORTY THOUSAND
DOLLARS (\$40,000.00), lawful money of the United States of America, for the payment of which, well and
truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors and
assigns, jointly and severally, firmly by these presents,

SIGNED, SEALED AND DATED this _____ day of _____ 20_____

THE CONDITION OF THIS OBLIGATION IS SUCH THAT, whereas, the above bounden Principal has or is
about to make application to the Administrator of Motor Vehicles for the State of Maryland to obtain a
Professional Driving School License in order to conduct courses in driver training in accordance with the
Transportation Article, of the Annotated Code of Maryland and Regulations promulgated by the Administrator
or Motor Vehicles, is required to furnish a Surety Bond.

NOW, THEREFORE, if the above bounden Principal shall conduct the business in full compliance with
those Sections of the transportation Article, of the Annotated Code of Maryland, as set forth in the
Regulations of the Administrator of Motor Vehicles for the State of Maryland, then this obligation shall be null
and void, otherwise to remain in force and effect.

This bond shall be for the use and benefit of the Administrator of Motor Vehicles of the State of Maryland
and for any person who may suffer loss by reason of any violation of the above-mentioned laws.

This bond shall run concurrently with the period of the license granted to the Principal, and shall remain in
full force and effect for any renewal thereof, provided, however, that the penalty of the bond may not be
cumulative from year to year, and the total liability of the Surety herein, may not exceed the sum of FORTY
THOUSAND DOLLARS (\$40,000.00), regardless of the number of license periods for which said bond is in
force.

The Surety may cancel this bond at any time by giving FORTY-FIVE (45) DAYS written notice by
registered or certified mail to the Administrator of Motor Vehicles, State of Maryland, however, remaining
liable for any defaults under this bond, committed prior to the expiration of such FORTY-FIVE (45) DAY
period.

SEAL
OF
SURETY

SIGNATURE OF PRESIDENT

SIGNATURE OF VICE PRESIDENT

SIGNATURE OF TREASURER/SECRETARY

SIGNATURE OF PRINCIPAL (one of the above officers)

BY _____

SURETY

BY _____

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