

# BOND

Commonwealth of Massachusetts  
Registry of Motor Vehicles  
Driving School Bond

Bond No. \_\_\_\_\_

Effective Date: \_\_\_\_\_

***KNOW ALL MEN BY THESE PRESENTS,***

That we, \_\_\_\_\_  
(Name of Principle/Driving School)

of \_\_\_\_\_ MA \_\_\_\_\_  
City/Town Zip

and \_\_\_\_\_  
(Name of Surety)

of \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
City/Town

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
City/Town (Mailing Address)

a corporation duly organized under the laws of the State of \_\_\_\_\_  
and duly authorized to transact the business of a Surety in the Commonwealth of Massachusetts, are held  
and firmly bound unto The Registrar of Motor Vehicles of The Commonwealth of Massachusetts, as  
Obligee, in the sum of \_\_\_\_\_ Dollars ( ) for payment of which sum said  
Principal and Surety do jointly and severally bind themselves, their heirs, executors and administrators,  
successors or assigns, and each and every one of them, firmly by these presents.

The condition of this obligation is such that, if the said Principal shall satisfy all obligations for tuition  
reimbursements owed to enrolled students if the program is closed for a license suspension or revocation  
or any other reason prior to students' completion of a paid course of study, then this obligation shall be  
void, otherwise to remain in full force and virtue. The aggregate liability of the Surety under this bond for  
all breaches of the conditions of the bond shall, in no event, exceed the sum of this bond; and provided  
further that the liability of the Surety under this bond shall be limited to indemnifying the claimant only  
for his actual damages. This bond shall not limit or impair any right of recovery otherwise available  
pursuant to law, nor shall the amount of the bond be relevant in determining the amount of damages or  
other relief to which any plaintiff may be entitled. The Registrar may represent any and all students in  
making claims under the terms of the bond.

This bond shall continue until cancelled. The Surety may cancel this bond by giving thirty (30) days notice in writing by certified mail to the Registrar of Motor Vehicles and thereafter shall be relieved of liability for any breach of condition occurring after the effective date of such cancellation.

IN WITNESS WHEREOF, the said Principle and Surety have signed and sealed this instrument on the date or dates indicated.

For Principle:

For Surety:

By: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Title or Position

\_\_\_\_\_  
Date

***Notarization of Surety's Signature:***

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ who  
(Name of signer on behalf of Surety)

displayed his/her driver's license or other picture ID \_\_\_\_\_ which  
(identify document)

satisfied me as to his/her identity as the representative of the Surety, and signed this document in my presence.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
My Commission Expires

Bond forms change; this is for educational purposes only.

# 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

**Toll Free: (888) 518-8011**  
**Local (602) 749-0702**  
**Fax: (602) 674-8235**

**E-Mail [WWIS@WWISINC.COM](mailto:WWIS@WWISINC.COM)**