

This section is to be completed by employment agency license applicants only. Placement agency registration applicants go directly to Section V.



## SURETY BOND FORM FOR EMPLOYMENT AGENCY LICENSE APPLICATIONS

Bond No
KNOW ALL PERSONS BY THESE PRESENTS:
That,
NAME OF AGENCY OWNER IF SOLE PROPRIETORSHIP; PARTNERS IF PARTNERSHIP; PRESIDENT OR TREASURER IF CORPORATION/LLC/ LLP
as Principal(s), of
NAME OF EMPLOYMENT AGENCY
of
BUSINESS ADDRESS(ES) OF THE ABOVE-NAMED AGENCY
having filed with the office of the Massachusetts Department of Labor Standards, on or about theday
ofof, an application for an Employment Agency License, per M.G.L. c. 140,
§46C, andNAME OF SURETY
ADDRESS OF SURETY
as Surety, a corporation duly organized and existing under the laws of the State/Commonwealth/Territory of and being duly authorized to transact the
business of indemnity and suretyship in this Commonwealth of Massachusetts by its Division of Insurance, do hereby acknowledge our indebtedness to the People of the Commonwealth for the use and benefit of any person(s) having a claim under the conditions of this obligation for violations of any of the provisions of M.G.L. c. 140, §\$46A through 46Q, in the sum of \$3,000.00 (three thousand dollars), as required by M.G.L. c. 140, §46F, provided, however, that the aggregate liability hereunder shall not exceed the sum of \$3,000.00 (three thousand dollars), regardless of the number of claimants, and shall not be construed as individual liability.
Bond forms change; this is for educational purposes only.  Initial EPSA Application Rev. 2014—12-19 Page 6 of 12

LIABILITY for the payment of this sum, to which we hereby obligate and bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, becomes effective upon the following conditions:

- 1. That the Principal(s) become licensed to transact business in the Commonwealth of Massachusetts as an Employment Agency and that the Principal(s) have been found to have failed to strictly comply with all of applicable provisions of, and orders, rules and regulations issued pursuant to, M.G.L. c. 140, §§46A-46R inclusive and the applicable securities statutes of the Commonwealth of Massachusetts in which such Principal(s) is/are licensed.
- 2. Upon the occurrence(s) of such conditions, said bond shall be payable to the people of the Commonwealth and shall pay all damages occasioned by any person by reason of any misstatement, misrepresentation, fraud or deceit or any unlawful act or omission of said licensee, his agents or employees, while acting within the scope of their employment, and made, committed or omitted in the business conducted under such license.

THIS Bond shall expire at such time as the Principal(s)'s license is surrendered, terminates through non-renewal or is revoked by the Department of Labor Standards <u>except</u> as to liability for acts or omissions which occur prior to such time. This Bond may also be cancelled by the Surety upon sixty (60) days written notice by registered mail to the Principal and to the Massachusetts Department of Labor Standards in which case this Bond shall be considered cancelled upon the expiration of sixty (60) said days period <u>except</u> as to liability for acts or omissions which occur prior to the date of cancellation. Notice shall be deemed effective upon receipt by the applicable state agency of said written notice along with sufficient proof of notice to the Principal.

NO suit may be maintained to enforce any liability arising under this Bond unless brought within three (3) years after discovery of the act or omission upon which liability is based.

IT is understood and agreed that any person(s) having a claim under the conditions of this obligation may initiate suit in any court of competent jurisdiction against the Principal(s) and/or the Surety upon this Bond. This Bond shall not impair or limit the 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.

## THIS BOND IS CONTINUOUS UNTIL CANCELED BY SURETY COMPANY.

WITNESS OUR SIGNATURES	, this	day of	
For Employment Agency:	C		
PRINCIPAL (Signature of Agency Ow. of	ner if Sole Proprietorship; Pa	tners if Partnership; President or T	reasurer if Corporation/LLC/ LLP)
	EMPLOYMENT AC	GENCY NAME	
For Surety:			
SURETY AGENT SIGNATUR	RE SUR	ETY AGENT PRINT NAME	DATE BOND ISSUED
	)		
	NAME OF AUTHOR	RIZED SURETY COMPANY	
	ADDRESS OF AUTH	ORIZED SURETY COMPANY	
Imprinted Seal of the Surety Con	npany:		
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Bond f	orms change; this	is for educational pur	ses only.

## **Surety Bond Application**

AGENCY NAME:	AGENCY CONTACT:							
	AGENCY FAX:AGENCY EMAIL:							
AGENCY ADDRESS:			State:					
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	\$#:	Ho	me Phone: ( )					
Residence Address:	City:	St	ate:	Zip:				
Business Name:								
Business Phone: ()	_Business Fax: (	)	E-mail:					
Business Address:	City:	St	ate:	Zip:				
Date Business BEGAN under present Individual or Firm Name: BUSINESS TAX ID:								
HAS ANY COMPANY REFUSED TO ISSUE BONDS DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS								
FOR ANY PURPOSE?  YES NO AGAINST YOU?  YES NO AGAINST YOU?								
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 N	IAME:	•					
SS#:	SPOUSE S	SS#:	PHON	E:				
HOME ADDRESS:	City:		state:					
PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)								
STATEMENT OF ASSETS AND LIABILITIES AS OF								
ASSETS CASH IN DANK		NOTES PAYABLE TO	LIABILITIES	<u> </u>				
CASH IN BANK CASH ON HAND		NOTES TO OTHERS						
STOCKS AND BONDS		ACCOUNTS PAYABI						
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE						
NOTES RECEIVABLE		ALL OTHER TAXES						
INVENTORY		ACCRUALS, PAYROLLS, ETC.						
CASH VALUE LIFE INSURANCE		DUE ON FOURDMENT						
EQUIPMENT REAL ESTATE		DUE ON EQUIPMENT DUE ON REAL ESTATE						
OTHER ASSETS		OTHER LIABILITIES						
		CAPITAL STOCK (if a corporation)						
		SURPLUS AND UND	IVIDED PROFITS					
TOTAL ASSETS		TOTAL LIABILITIES						
Name of Owners	Name and T	NET WORTH itle of Officers	% OWNERS	IIP IN COMPANY				
Humo di O miloto Munici di Cinicio Monte 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