

**SECTION IV**

*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 the \_\_\_\_\_ day  
of \_\_\_\_\_ of \_\_\_\_\_, an application for an Employment Agency License, per M.G.L. c. 140,  
§46C, and \_\_\_\_\_

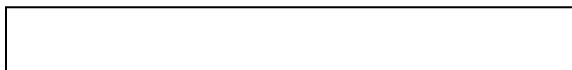
\_\_\_\_\_  
NAME OF SURETY

\_\_\_\_\_  
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.





# 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.

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 Phoenix, AZ 85015

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**Local (602) 749-0702**  
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