

Know all men by these presents,

That we,
in the County of _____
and the Commonwealth of Massachusetts, as principal, and the
_____ Company, a corporation duly organized

and existing under the laws of the State of _____
having its principal office at _____ in the State of _____
and being duly authorized to transact

the business of a surety company in the Commonwealth of Massachusetts, as surety, are
holden and stand firmly bound and obligated unto the Commonwealth of Massachusetts
in the sum of _____ (_____) Dollars, to 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 been duly licensed by the Colonel of
the Department of State Police to engage in and solicit business as a private detective or
watch, guard or patrol agency, under the provisions of section 25, chapter 147, of the
General Laws and amendments thereto.

Now therefore, if the said _____
his or its agents, operatives and assistants shall 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 Commonwealth by the
Attorney-General or by any person in his own name who may suffer injury by the willful,
malicious or wrongful act of the licensee, his or its agents, operatives and assistants.

In witness whereof, the said _____
as principal, has hereunto set _____ seal, and the said
_____ Company
has affixed its corporate seal and caused these presents to be signed in its behalf by its
_____ duly authorized thereto, this
_____ day of _____, _____

In the presence of _____
..... Principal.

.....
..... Company.

By _____
.....
.....
.....

The above bond examined and approved.

Bond forms change; this is for educational purposes only.

.....
Colonel Department of State Police

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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