

BCS/LPD-050 (12/03)  
Michigan Department of Labor and Economic Growth  
Bureau of Commercial Services  
Licensing Division  
PRIVATE DETECTIVE REGULATION  
P.O. Box 30018, Lansing, MI 48909  
517-241-5645  
www.michigan.gov/commerciallicensing

Bond No.:	
Effective Date	Expiration Date

### PRIVATE DETECTIVE AGENCY SURETY

AUTHORITY: P.A. 285 of 1965, as amended  
COMPLETION: Mandatory  
PENALTY: Failure to complete may result in denial of your application

Know All Persons By These Presents, That \_\_\_\_\_

doing business as \_\_\_\_\_, or

\_\_\_\_\_ a Sole proprietorship/LLC/Partnership/Corporation

located in the State of \_\_\_\_\_ City of \_\_\_\_\_ County of \_\_\_\_\_

and State of Michigan, as principal and \_\_\_\_\_, a surety company duly authorized and

existing under and by virtue of the laws of the state of \_\_\_\_\_ with its principal office at \_\_\_\_\_,

and admitted to do business in the State of Michigan, as surety, are held and firmly bound unto the State of Michigan and persons damaged by the principal's failure to satisfy its responsibilities as set forth in the condition hereof in the sum of \$10,000.00 to the payment whereof, the above parties truly bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, and each of them, firmly by these presents.

WHEREAS, the principal desires to act as a private detective agency licensed by the State of Michigan under P.A. 285 of 1965, as amended, and

WHEREAS, Public Act 285 of 1965, as amended requires each private detective agency licensee thereunder to file and maintain in force a corporate surety bond conditioned upon the faithful and honest conduct of the business by the licensee in a form prescribed by the Michigan Department of Labor & Economic Growth for the benefit of all persons injured by the willful, malicious, and wrongful act of the principal; and

WHEREAS, this corporate surety is executed pursuant to and for the purposes set forth in Public Act 285 of 1965, as amended; and

WHEREAS, the above parties agreed that the Michigan Department of Labor & Economic Growth will rely hereon if said Department issues a private detective agency license to the principal; and

WHEREAS, the above parties agree that this corporate surety shall be effective upon approval hereof by the Department and in no event later than the time at which a private detective agency license is issued to the principal; and

WHEREAS, the above parties agree that this bond is valid until the expiration of the principal's private detective agency license and may not lapse or be canceled prior to this date unless the surety gives the Department of Labor & Economic Growth 30-days written notice of such lapse or cancellation and that the surety shall remain liable for any breach of condition occurring up to the effective date of cancellation.

NOW, THEREFORE, the condition of this obligation is that if the above named principal fails to faithfully and honestly conduct business, the bond shall indemnify any person damaged thereby, provided that the aggregate liability of the State to all such persons shall not exceed the sum of this bond.

Signed and sealed as herein set forth.

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Owner/President/License Holder (L.S.)

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
(L.S.)

Witnessed by: \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Surety (SEAL)

Note: If partnership, all partners must sign.  
If corporation, president or secretary signs indicating title of signatory.  
If LLC, Member or Manager must sign.

I hereby approve the foregoing bond.

\_\_\_\_\_  
Department of Labor & Economic Growth  
Director or designated representative

ATTORNEY-IN-FACT: Please enter your address and telephone number below:

ADDRESS \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_

# 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>	

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.

<b>Worldwide Insurance Specialists, Inc</b> 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail <a href="mailto:WWIS@WWISINC.COM">WWIS@WWISINC.COM</a>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
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