

BCS/LPI-050 (4/09)
Michigan Department of Energy, Labor and Economic Growth
Bureau of Commercial Services
Licensing Division
PROFESSIONAL INVESTIGATOR
P.O. Box 30018, Lansing, MI 48909
517-241-8720
www.michigan.gov/pi

Bond No.:
Effective Date

PROFESSIONAL INVESTIGATOR OR PROFESSIONAL INVESTIGATOR AGENCY SURETY BOND

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 professional investigator or professional investigator 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 professional investigator or professional investigator 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 Energy, 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 Energy, Labor & Economic Growth will rely hereon if said Department issues a professional investigator or professional investigator 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 professional investigator or professional investigator 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 professional investigator or professional investigator agency license and may not lapse or be canceled prior to this date unless the surety gives the Department of Energy, 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 _____ (L.S.)

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

Witnessed by: _____ Date _____ (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 Energy, 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	
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.

Worldwide Insurance Specialists, Inc
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Phoenix, AZ 85015

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