



MINNESOTA DEPARTMENT OF TRANSPORTATION
OFFICE OF AERONAUTICS
222 East Plato Blvd.
St. Paul, MN 55107-1618

BOND

_____, whose address is _____,
(Principal) (Address)

as principal, and _____,
(Name of Surety Company)

whose address is _____
(Address)

as surety, are held and firmly bound unto the State of Minnesota for the benefit of students, in the penal sum of Five Thousand Dollars (\$5,000) lawful money of the United States, for which payment well and truly to be made, we jointly and severally bind ourselves, and each of our heirs, executors, administrators, successors and assigns, firmly by these presents.

The Condition of This Obligation is such that whereas the principal above named is conducting or is about to conduct a flight training and/or a ground training school.

Now, therefore, if a flight training school license and/or a ground training school license shall be issued, or is in effect, and if the principal herein shall faithfully perform all contracts and agreements with students made by such principal or its salesmen or solicitors, then this obligation shall be void, otherwise to remain in full force and effect.

The surety may not discontinue or cancel this bond, or allow it to expire, without giving 60 days' notice in writing to the Assistant Commissioner - Aeronautics of the State of Minnesota, and thereafter the surety shall be relieved of liability for any breach of condition occurring after the effective date of cancellation.

DATED: _____
(Signature of Principal)

Executed in the presence of: _____
(Name of Surety Company)

(Signature of Witness for Principal)

By: _____
(Signature of Agent of Surety Company)

(Signature of Witness for Surety Company)

STATE OF _____)
) ss.
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared _____,
(Principal, if individual or partnership)
to me known to be the person(s) described in and who executed the foregoing instrument as principal(s) person(s) described in and who executed the foregoing instrument as principal(s) and (he) (they) acknowledge that (he) (they) executed the same as their free act and deed.

Notary Public _____

County
Bond forms change; this is for educational purposes only.

My commission expires: _____

STATE OF _____)
) ss.
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared _____ ,
and _____ to me personally known, who, being by me duly sworn, did say
that they are respectively the _____ President and _____ Secretary of _____
_____ ; that the seal affixed to the foregoing instrument is the corporate seal of
(Principal, if corporation)
said corporation, and that said instrument was executed on behalf of said corporation by authority of its Board of
Directors; and that said _____ and _____
acknowledge the instrument to be the free act and deed of the corporation.

Notary Public _____
_____ County

My commission expires: _____

ACKNOWLEDGMENT OF SURETY

STATE OF _____)
) ss.
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared _____ ,
_____ (Name of Agent)
_____ of _____ , to me personally known,
(Title) (Name of Surety Company)
who, being by me duly sworn, did say that the seal affixed to the foregoing instrument is the corporate seal of said
corporation; and that said instrument was executed on behalf of said corporation by authority of its Board of
Directors; and that said _____ acknowledged the instrument to be the free act and deed of
the corporation. (Name of Agent)

Notary Public _____
_____ County

My commission expires: _____

ATTACH POWER OF ATTORNEY AND COPY OF RESOLUTION FOR AGENT NAMED ABOVE

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
2424 W. Missouri AVE
Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM