## MINNESOTA OFFICE of HIGHER EDUCATION 1450 ENERGY PARK DRIVE #350 – ST. PAUL, MN 55108-5227

## PRIVATE SCHOOL BOND

|  | Bond Number:  |  |
|--|---|--|
|  | Name(s) of Principal(s)   |  |
| an individual doing business   | as  |  |
| partners doing business as   |   |  |
| a corporation  |   |  |
| of   |   | , as principal(s),   |
| (Street)   | (City)  | (State) (Zip Code)   |
| Name of Surety Company   | , of  |  |
|  |   |  |
| as surety, are held and firmly bound in the su   | m of  | dollars (\$)   |
| accordance with Minnesota Statutes, Chapter severally bind ourselves, and each of our heir firmly by these presents.  The condition of this obligation is such that we private school under the provisions of Minneson NOW THEREFORE, if the principal(s) shat the principal(s) or its (their) agents or solicitor injury in consequence of any breach of any stotherwise it shall remain in full force and effective to the control of th | vhereas the principal(s) is (ar sota Statutes, Chapter 141.  Il faithfully perform all contrors, and shall pay to the State uch contract or agreement, the ect. | representatives, successors and assigns, re) conducting, or is (are) about to conduct, racts and agreements with students made by and to such persons, if any, as may sustain ten this obligation shall be void, but |
| Signed and Sealed with our Seals and dated to  | nis day of  | , 20   |
| Principal  | Corporate Principal   |  |
| Principal  | President   |  |
| Principal  | Secretary   |  |
|  | Surety Company  | · · · · · · · · · · · · · · · · · · ·  |
|  | Attorney-in-Fact  |  |
|  | Countersigned by R  | esident Agent  |
|  | Address of Residen  | t Agent  |

|                              | EDGEMENT OF I                            |                 | OR PAR      | TNERSHIP PRINCIPAL(S)   |
|------------------------------|--|-----------------|-------------|---|
|                              |  | SS.             |             |   |
| County of<br>On this         | day of                                   |                 | 20          | , before me appeared  |
| and                          |  |                 | ,           | to me personally known, who before me did going bond and acknowledged that (s)he/they executed the same as  |
| swear that (s) his/her/their | )he/they is (are) the free act and deed. | principal(s) in | the foreg   | going bond and acknowledged that (s)he/they executed the same as  |
|                              |  |                 |             |   |
|                              | (Seal)                                   |                 |             | Notary Public   |
|                              | (Seat)                                   |                 |             | County,   |
|                              |  |                 |             | My commission expires   |
|                              | EDGEMENT OF C                            |                 | PRINCI      |   |
| State of                     |  |                 |             |   |
| County of                    |  | )               |             |   |
| On this                      | day of                                   |                 | , 20        | , before me appeared  |
| and                          |  |                 |             | to me personally known, who being by me dul<br>ry, respectively, of the corporate principal in the foregoing bond;  |
| that the seal a              | affixed thereto is the                   | corporate sea   | I of the co | ry, respectively, of the corporate principal in the foregoing bond; orporation, and that said bond was executed in behalf of the ey acknowledged said instrument to be the free act and deed of the |
| corporation.                 | y authority of its bo                    | ard or director | is, and the | ey acknowledged said instrument to be the free act and deed of the  |
|                              |  |                 |             | Notary Public   |
|                              | (Seal)                                   |                 |             | County,   |
|                              |  |                 |             | My commission expires   |
|                              | EDGEMENT OF S                            |                 |             |   |
| State of                     |  |                 |             |   |
| County of                    |  | SS.             |             |   |
|                              | day of                                   |                 | , 20        |   |
|                              |  | , to r          | ne persor   | nally known, who being by me duly sworn did say that (s)he is the   |
|                              |  |                 |             | bond, that the seal affixed thereto is the corporate seal of the of the corporation by authority of its board of directors, and (s)he   |
|                              |  |                 |             | d of the corporation.   |
| · ·                          |  |                 |             | •   |
|                              |  | 1 1             |             | Notary Public   |
|                              | (Seal)                                   |                 |             | County,   |
|                              |  |                 |             |   |
|                              |  |                 |             | My commission expires   |
| Attach Power                 | r of Attorney and Co                     | ppy of Resolut  | ion for A   | gent Named Above.   |
| Approved                     |  | , tl            | nis         | _ day of, 20  |
| Approved as                  | to form and executi                      | on, this        | _ day of    |   |
|                              |  |                 |             |   |
|                              |  |                 |             | Assistant Attorney General  |

## **Surety Bond Application**

| AGENCY NAME:  | AGENCY CONTACT:    |   |                   |                |  |  |  |  |  |  |
|---|--------------------|---|-------------------|----------------|--|--|--|--|--|--|
|   |                    |   | AGENCY EMAIL:     |                |  |  |  |  |  |  |
| AGENCY ADDRESS:   | City:              |   |                   |                |  |  |  |  |  |  |
| 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:   | Effectiv           | ve Date:                                | Expiration Date   | :              |  |  |  |  |  |  |
| Type of Company CORP LLC DBA PARTNERSHIP Bond Amount:                             |                    |   |                   |                |  |  |  |  |  |  |
| (Obligee):  |                    |   |                   |                |  |  |  |  |  |  |
| Obligee Address   |                    |   |                   |                |  |  |  |  |  |  |
| SECTION II: GENERAL INFORMATION   |                    |   |                   |                |  |  |  |  |  |  |
| Applicant's Name:   |                    |   |                   |                |  |  |  |  |  |  |
| SS#:Spouse S  | S#:                | Ho                                      | me Phone: ( )     |                |  |  |  |  |  |  |
| Residence Address:  | City:              | St                                      | ate:              | Zip:           |  |  |  |  |  |  |
| Business Name:  |                    |   |                   |                |  |  |  |  |  |  |
| Business Phone: ()  | Business Fax: (    | )                                       | E-mail:           |                |  |  |  |  |  |  |
| Business Address:   | City:              | St                                      | ate:              | Zip:           |  |  |  |  |  |  |
| Date Business BEGAN under present Individ   | ual or Firm Name:  |   | BUSINESS TAX ID:  |                |  |  |  |  |  |  |
| HAS ANY COMPANY REFUSED TO ISSUE BONDS DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS |                    |   |                   |                |  |  |  |  |  |  |
| FOR ANY PURPOSE?  HAS APPLICANT EVER FAILED IN BUSINE                             |                    |   | VED EILED BANKDLI | YES NO         |  |  |  |  |  |  |
|   |                    | ON A SEPERATE SHE                       |                   | PICT! TES   NO |  |  |  |  |  |  |
| SECTION III: ADDITIONAL OWNER   |                    |   |                   |                |  |  |  |  |  |  |
| NAME:   | SPOUSE N           | IAME:                                   | •                 |                |  |  |  |  |  |  |
| SS#:  | SPOUSE S           | SS#:                                    | PHON              | E:             |  |  |  |  |  |  |
| HOME ADDRESS:   | City:              |   | state:            |                |  |  |  |  |  |  |
| PERSONAL FINANCIALS (IF MORE  |                    |   | OUT THIS APPLICA  | ATION)         |  |  |  |  |  |  |
| ST  |                    | TS AND LIABILITIES                      | AS OF             | <u> </u>       |  |  |  |  |  |  |
| ASSETS CASH IN DANK   |                    | NOTES PAYABLE TO                        | LIABILITIES       | <u> </u>       |  |  |  |  |  |  |
| CASH IN BANK CASH ON HAND   |                    | NOTES TO OTHERS                         |                   |                |  |  |  |  |  |  |
| STOCKS AND BONDS  |                    | ACCOUNTS PAYABI                         |                   |                |  |  |  |  |  |  |
| ACCOUNTS RECEIVABLE   |                    | FEDERAL & STATE                         | NCOME TAX DUE     |                |  |  |  |  |  |  |
| NOTES RECEIVABLE  |                    | ALL OTHER TAXES                         |                   |                |  |  |  |  |  |  |
| INVENTORY   |                    | ACCRUALS, PAYRO                         | LLS, ETC.         |                |  |  |  |  |  |  |
| CASH VALUE LIFE INSURANCE EQUIPMENT   |                    | DUE ON EQUIPMEN                         | т                 |                |  |  |  |  |  |  |
| REAL ESTATE   | DUE ON REAL ESTATE |   |                   |                |  |  |  |  |  |  |
| OTHER ASSETS  |                    | OTHER LIABILITIES                       |                   |                |  |  |  |  |  |  |
|   |                    | CAPITAL STOCK (if a corporation)        |                   |                |  |  |  |  |  |  |
|   |                    | SURPLUS AND UNDIVIDED PROFITS           |                   |                |  |  |  |  |  |  |
| TOTAL ACCETS  |                    | TOTAL LIABULTIES                        |                   |                |  |  |  |  |  |  |
| TOTAL ASSETS  |                    | TOTAL LIABILITIES  NET WORTH            |                   |                |  |  |  |  |  |  |
| Name of Owners  | Name and T         | itle of Officers % OWNERSHIP IN COMPANY |                   | IIP 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