

**BOND OF PROTECTIVE AGENT FOR FEE
(Minnesota Statutes 326.32 - 326.339)**

BOND# _____

Know All Persons By These Presents, That _____,

(an individual)

(members of partnership/LLP doing
business under the name of)

(a corporation/LLC)

(strike out part not applicable)

whose place of business and superintendence of such business of Protective Agent for Fee is located at (Full Address), _____

_____, State of _____, and _____ County of _____

_____, a corporation authorized by law to act as sole surety on fidelity bonds of this class and authorized to do business in the State of Minnesota, are held and firmly bound to the State of Minnesota in the penal sum of

TEN THOUSAND DOLLARS

for the payment of this well and truly to be made pursuant to Minnesota Statute 326.3382, subd. 3(b) (1987), we hereby bind ourselves, our representatives and successors respectively, jointly and severally, firmly by these presents.

Sealed with our seals and dated this _____ day of _____, _____.

The condition of this obligation is such, that whereas, the principal has made application to the Chairman of the Board of Private Detective and Protective Agent Services, State of Minnesota, for the licensing of the business of Protective Agent for Fee pursuant to the provisions of Minnesota Statutes 326.32-326.339.

Now, therefore, after the granting of such license for the business of Protective Agent for Fee, the principal and each of its employees, agents or representatives, shall faithfully observe all the laws of the State of Minnesota and of the United States of America, including Minnesota Statutes 326.32-326.339, and shall pay all damages suffered by any person by reason of the violation of any such laws by the principal or its employees, agents or representatives, or by the commission of any willful and malicious wrong by the principal or its employees, agents or representatives, in the course of the conduct of such business.

(if principal is
corporation, affix seal)

_____ Principal

By _____

By _____

By _____

Surety
Corporate
Seal

_____ Surety

By _____

Acknowledgement and Verification – Principal
(Individual, Partnership or LLP)

State of _____

County of _____

On this _____ day of _____, 2____, before me a Notary Public in and for the County of _____, State of _____, personally appeared _____, to me personally known, who being, by me, known to be the person(s) described in and who executed the foregoing instrument and acknowledged that _____ he/she executed the same as free act and deed.

_____ Notary Public

NOTARY SEAL

_____ County

My Commission Expires: _____

Acknowledgement and Verification – Corporate or LLC Principal

State of _____

County of _____

On this _____ day of _____, 2____, before me, a Notary Public in and for the County of _____, State of _____, personally appeared _____ and _____, who are personally known to me, who, being each by me duly sworn did say that they are respectively the _____ President (or CEO) and the Secretary (or corporate officer) of the corporation (or LLC) named in the foregoing instrument, and that the seal affixed to said instrument is the corporate seal of said corporation (if corporation) and that said instrument was signed and sealed in behalf of said corporation (or LLC) by authority of its Board of Directors and said _____ and acknowledgement said instrument to be their own free act and deed and the free act and deed of said corporation (or LLC).

NOTARY SEAL

_____ Notary Public

_____ County

My Commission Expires: _____

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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