



STATE OF NEW JERSEY
Motor Vehicle Commission

SURETY BOND OF DRIVING SCHOOL

Bond No. _____

Effective Date _____ Expiration Date _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____
(Business Name)

as Principal, and _____, a Surety Company qualified and duly licensed to do business in the State of New Jersey, as Surety, are held and firmly bound unto the **PEOPLE OF THE STATE OF NEW JERSEY**, in the penal sum of **TEN THOUSAND AND NO/100 DOLLARS** (\$10,000.00), lawful money of the United States of America, for the payment of which, well and truly made, the undersigned Principal and Surety bind themselves, their respective heirs, administrators, successors, and assigns, jointly and severally, firmly by these presents.

The **CONDITION** of the foregoing obligation is such, that whereas Principal has made, or is about to make, application to the State of New Jersey for a **DRIVING SCHOOL LICENSE**.

NOW THEREFORE, if the Principal in its business of operating a Driving School shall not practice any fraud and shall not make any fraudulent representations which cause monetary loss to a person taking instruction from the school, then this obligation will be null and void, otherwise to remain in full force and effect.

This bond shall be effective on _____ day of _____, 20_____, and shall run concurrently with the period of the license granted to the Principal, and shall remain in the full force and effect for any renewals thereof, provided, however, that the penalty of said bond shall not be cumulative from year to year, and the total liability of Surety herein shall not exceed the sum of \$10,000.00, regardless of the number of license periods for which said bond is in force.

It shall be the responsibility of the surety to notify the New Jersey Motor Vehicle Commission

immediately upon the payment of any funds which decrease the liability of the surety under this bond, and immediately upon acquiring knowledge of a final judgement for which the surety is liable under the bond.

This bond may be canceled by the Surety upon the Surety serving written notice upon the Motor Vehicle Commission of its desire to cancel, and the cancellation date shall be thirty (30) days from the date said notice of cancellation is received.

IN WITNESS WHEREOF the said Principal and Surety have hereunto signed these presents
this _____ day of _____ 20 _____

CORPORATE SEAL

Principal (Licensee)

Signature & Title (Licensee)

Sworn to and subscribed before
Me this _____ day of
_____ 20 _____

Surety (Firm's Name)

Signature
Notary Public of New Jersey

Address of Surety

County

Attorney-in-Fact for Surety



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 171
Trenton, New Jersey 08666-0171

BUSINESS HOURS

Name of Business _____ License No. _____

Address _____

Days Open for Business

Business Hours

Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

Signature of Proprietor, Partner, Officer or Member _____

Date _____

WWW.SAMPLING.COM

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (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: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO
 HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
 ADDITIONAL OWNERS / PARTNERS
 OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc **Toll Free: (888) 518-8011**
2424 W. Missouri AVE **Local (602) 749-0702**
Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM