

SURETY BOND

STATE OF _____

COUNTY/CITY OF _____/_____

Bond required by N.J.S.A. 34:8-49

KNOW ALL PEOPLE BY THIS DOCUMENT: THAT

_____ (NAME)

as principal, with principal office and place of business located at _____ (ADDRESS)

and operating _____ (TYPE OF SERVICE) and _____ (NAME OF SURETY CO.),

a _____ (STATE OF INCORPORATION) corporation authorized or admitted to do business in New Jersey, are held and

firmly bound unto the State of New Jersey, for the use and benefit of all persons establishing legal rights hereunder, in the amount of _____ Dollars, () to the payment of which we hereby bind ourselves, our heirs, administrators, executors, successors and assigns firmly by this document.

WHEREAS, the aforesaid principal has filed an application with the Director, Division of Consumer Affairs, of the State of New Jersey for a Booking Agency, Career Consulting or Outplacement firm, Career Counseling Service, Employment Agency, Job Listing firm, or Prepaid computer matching service, Owner's License authorizing the person to whom it is issued to own a (TYPE OF SERVICE) _____ and to have such firm operated by a person or persons duly authorized to perform the functions for which the principal is licensed or registered in conformity with an act of the legislature of the State of New Jersey and the whereas P.L. 1989, c. 331, effective January 12, 1990, requires these principals to be licensed or registered with the Division of Consumer Affairs, and, to deposit a bond in the amount of _____ dollars.

NOW, THEREFORE, the condition of this obligation is such that if the above-named principal shall faithfully and truly fulfill all of its service or product contracts, and not file for bankruptcy or for similar protection under law, then this obligation shall be void; otherwise, it remains in full force and effect as security for the use of any person who, after entering into a service or product contract, with the above-named principal, is damaged or suffer any loss by reason of breach of contract or bankruptcy by this principal.

This bond shall become effective on the ____ day of _____, _____ at twelve and one minute o'clock A.M., Eastern Time, and continues in effect until the Surety withdraws from this bond by giving 60 days advance written notice by registered mail to the Chief, Bureau of Employment and Personnel Services, P.O. Box 45028, Newark, N.J. 07101. The 60 days shall begin to run on the day following the Chief's receipt of the notice.

In order to draw funds on the bond, the Director of the Division of Consumer Affairs shall present the following document to the Surety:

AFFIDAVIT SWORN TO AND SIGNED BY THE DIRECTOR OF THE DIVISION OF CONSUMER AFFAIRS OF THE STATE OF NEW JERSEY, STATING THAT

(PRINCIPAL) HAS NOT SATISFACTORILY PERFORMED ITS OBLIGATIONS TO A PERSON WHO, AFTER ENTERING INTO A SERVICE OR PRODUCT CONTRACT, HAS BEEN DAMAGED OR SUFFERED A LOSS BY REASON OF VIOLATION OF N.J.S.A. 34:8-43 ET. SEQ., BREACH OF CONTRACT, SUBJECT TO THE PROVISIONS OF N.J.S.A. 34:8-43 ET. SEQ., EFFECTIVE JANUARY 12, 1990.

In no event shall the aggregate liability of the surety for all claims under this bond exceed the amount of this bond.

Signed, sealed, and dated this ____ day of _____, _____.

(Seal)

Principal

Surety

Address of Surety

By: _____

By: _____

Signed and acknowledged by Surety's agent before me this ____ day of _____, _____.

My commission expires _____

Notary Public

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