

**EMPLOYMENT AGENCY BOND**

KNOW ALL MEN BY THESE PRESENTS, That we

\_\_\_\_\_ as Principal,  
and \_\_\_\_\_, as Surety, are held  
and firmly bound unto the PEOPLE OF THE STATE OF NEW YORK in the penal sum of  
\_\_\_\_\_ ( \_\_\_\_\_ ) DOLLARS, lawful money of the United  
States, to be paid to the PEOPLE OF THE STATE OF NEW YORK, for which payment well and truly to be made,  
we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by  
these presents.

SEALED WITH OUR SEALS, and dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

WHEREAS, the above bounden \_\_\_\_\_  
designs and intends to keep an employment agency, and to transact the business and perform the duties of an  
employment agent in the State of New York.

NOW THE CONDITION OF THIS OBLIGATION IS SUCH that if the said \_\_\_\_\_ shall in all  
things well and truly and faithfully comply with the provisions, conditions and requirements of Article XI of the  
General Business Law of the State of New York, as amended, relating to employment agencies, and shall pay all  
damages occasioned to any person by reason of any misstatement, misrepresentation, fraud or deceit, or any  
unlawful act or omission of said \_\_\_\_\_  
his agents or employees, while acting within the scope of their employment, made committed or omitted in the  
business conducted under such license, or caused by an other violation of said Article in carrying on the business  
for which such license is granted, then this obligation to be void; otherwise to be and remain in full force and  
effect.

The Surety shall have the right to cancel this bond upon fifteen (15) days advance notice in writing sent by mail to  
the Principal and to the State of New York.

In no event shall the total liability of the Surety for any one or more recoveries under this bond exceed in the  
aggregate the penal sum hereof.



\_\_\_\_\_  
By \_\_\_\_\_

By \_\_\_\_\_

Attorney-In-Fact

Bond forms change; this is for educational purposes only

## 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

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**  
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**Phoenix, AZ 85015**                          **Fax: (602) 674-8235**  
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