

# BOND

Dqpf 'P q0aaaaaaaaaaaaaaaa

STATE OF NEW YORK

DEPARTMENT OF STATE

KNOW ALL MEN BY THESE PRESENTS: .....

That we, \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_ as principal,

and \_\_\_\_\_

\_\_\_\_\_ as surety,

are held and firmly bound unto the People of the State of New York in the sum of \_\_\_\_\_ dollars lawful money of the United States of America, to be paid to the said people of the State of New York, their attorney or assigns; 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.

**WHEREAS**, The above bounden principal has applied to the Department of State of the State of New York for a license to conduct the business of, or, in the case of (c) Health Club, herein, has filed this bond pursuant to statute as a condition precedent to the conduct of the business of

- \_\_\_\_\_ (a) PRIVATE INVESTIGATOR, pursuant to the provisions of Article 7 of the General Business Law
- \_\_\_\_\_ (b) BAIL ENFORCEMENT AGENT, pursuant to the provisions of Article 7 of the General Business Law
- \_\_\_\_\_ (c) WATCH, GUARD OR PATROL AGENCY, pursuant to the provisions of Article 7 of the General Business Law
- \_\_\_\_\_ (d) HEALTH CLUB, pursuant to the provisions of Article 30 of the General Business Law
- \_\_\_\_\_ (e) APPEARANCE ENHANCEMENT BUSINESS, pursuant to the provisions of Article 27 of the General Business Law
- \_\_\_\_\_ (f) TELEMARKETERS, pursuant to the provisions of Article 26 of the General Business Law
- \_\_\_\_\_ (g) TICKET RESELLERS, pursuant to the provisions of Article 25 of the Arts and Cultural Affairs Law
- \_\_\_\_\_ (h) AUTOMOBILE BROKERS, pursuant to the provisions of Article 35-B of the General Business Law.

PLEASE NOTE: The Surety Company is statutorily required to provide sixty days notice to the Secretary of State prior to the effective date of cancellation of the bond.

and acts amendatory thereof and supplementary thereto.

NOW THE CONDITION OF THIS OBLIGATION IS SUCH, That if the Department of State of the State of New York shall issue to the bounden principal the license applied for as heretofore indicated or has accepted this bond as prescribed by statute, this bond shall take effect to cover all claims arising out of the licensure of the bounden principal for the full term of such license to commence as of its effective date, or, if the bounden principal is a health club, this bond shall take effect to cover all claims arising out of the statutory conditions attendant thereto. If thereafter, said principal shall faithfully and honestly conduct said business in accordance with law, then this obligation to be void; otherwise to remain in full force and virtue.

IN WITNESS WHEREOF, We have hereunto set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, (year) \_\_\_\_\_.

\_\_\_\_\_ L.S.  
 \_\_\_\_\_ L.S.  
 \_\_\_\_\_ L.S.  
 \_\_\_\_\_ L.S.

**BUSINESS / INDIVIDUAL ACKNOWLEDGMENT**

State of New York )  
 ) ss.:  
County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, (year) \_\_\_\_\_, before me, personally appeared \_\_\_\_\_  
(applicants name)

to me known, who, being by me duly sworn, did depose and say that s/he resides in \_\_\_\_\_;  
(address)

that s/he is the \_\_\_\_\_ of the \_\_\_\_\_;  
(principal title, if applicable) (name of business entity, if applicable)

the entity described in and which executed the instrument and s/he acknowledged to me that s/he executed the same for the purposes therein mentioned **or** that s/he knows the seal of said entity; that the seal affixed to said instrument is such entity seal; that it was so affixed by the order of the Board of Directors of said corporation; and that he signed his name thereto by like order.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County

**ACKNOWLEDGMENT BY CORPORATION (SURETY)**

State of New York )  
 ) ss.:  
County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, (year) \_\_\_\_\_, before me, personally came \_\_\_\_\_  
to me known, who, being by me duly sworn, did depose and say

that s/he resides in \_\_\_\_\_;

that s/he is the \_\_\_\_\_ of the \_\_\_\_\_;

the corporation described in and which executed the within instrument; that s/he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation; and that s/he signed his/her name thereto by like order; and s/he further says that s/he is acquainted with \_\_\_\_\_

and knows him to be the \_\_\_\_\_ of said corporation, that the signature of the said corporation, that the signature of the said \_\_\_\_\_ subscribed to the within instrument is in the genuine handwriting of the said \_\_\_\_\_ and was subscribed thereto by like order of the Board of Directors in the presence of him, the said \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County

**INSTRUCTIONS**

The provisions of the General Business Law governing the licensing of the business given on the face of this bond are such that before a license can be issued the approved surety bond must be on file in the Department of State.

The bond must be written, executed, acknowledged and approved before a filing can be accepted and must also bear a date with the effective date of the license when issued. To accomplish this, applicants would arrange with the surety company to have the contract of guaranty written on a conditional basis, so that it can be updated to become effective on the date of issuance of the license applied for.

## 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.

<b>Worldwide Insurance Specialists, Inc</b> 2424 W. Missouri AVE Phoenix, AZ 85015 E-Mail <a href="mailto:SAM@WWISINC.COM">SAM@WWISINC.COM</a>	<b>Toll Free: (888) 518-8011</b> <b>Local (602) 749-0702</b> <b>Fax: (602) 674-8235</b>
---	---