

\_\_\_\_\_ STATE  
\_\_\_\_\_ COUNTY

# BOND

WHEREAS, \_\_\_\_\_, desires to conduct a commercial truck driver training (school) (seminar) in \_\_\_\_\_ County, State of North Carolina, and is desirous to comply with the "Rules and Regulations Governing Licensing Commercial Truck Driver Training Schools and Instructors" adopted and promulgated by the Commissioner of Motor Vehicles pursuant to Article 14, Chapter 20 of the North Carolina General Statutes, and in accordance with the provisions therewith, hereby files bond as required in Section .0700, of the said rules and regulations.

NOW, THEREFORE, \_\_\_\_\_, principal and the \_\_\_\_\_, a guaranty company authorized to do business in the State of North Carolina, surety, acknowledge themselves to be indebted to the North Carolina Division of Motor Vehicles in the sum of (\$30,000.00) (\$10,000.00) good and current money of the United States, to the payment thereof we bind ourselves, our executors, administrators and successors.

Signed, sealed, and delivered this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

The condition of the foregoing obligation is such that if said principal in this bond will carry out and comply with the terms of each and all contracts for driver training education made and entered into by said principal, acting by and through its owner, owners, officers, or agents with any person who enters any such school for driver training education; and will well and faithfully pay back or refund to any such person all amounts collected for tuition or fees in the event said principal fails to comply with the terms of any contract entered into with any student for driver education training; and said principal shall comply with any contract so entered into and give the instruction contracted for and for the full period evidenced by such contract; and thereupon the foregoing shall be deemed to have been complied with, otherwise it shall be in full force and effect.

This bond shall be deemed canceled on the date specified in the written notice served by the surety upon the obligee, such effective date being not less than thirty days after such notice.

IN WITNESS WHEREOF, the makers executed this contract and the signatories have caused the same to be executed in behalf of the said (school) (seminar) upon the date above set forth.

\_\_\_\_\_  
PRINCIPAL

Witness:  
\_\_\_\_\_

By \_\_\_\_\_(SEAL)

Witness:  
\_\_\_\_\_

By \_\_\_\_\_  
SURETY

By \_\_\_\_\_  
AGENT AND ATTORNEY-IN-FACT

## 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**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                              **Fax: (602) 674-8235**  
**E-Mail SAM@WWISINC.COM**