

STATE OF OHIO  
101 Southland Mall, 3700 S. High St.  
Columbus, OH 43207-4041

Bond Number \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS:

That We \_\_\_\_\_  
of the City of \_\_\_\_\_, State of \_\_\_\_\_, as principal  
and \_\_\_\_\_  
Name of Surety

A corporation organized under the laws of the State of \_\_\_\_\_  
and duly authorized to transact business in the state of Ohio as surety, are held and firmly bound unto the  
State of Ohio, in the penal sum of Ten Thousand (\$10,000.00) Dollars lawful money of the United States,  
for the payment of which said principal and surety bind themselves, their heirs, administrators, executors,  
successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the principal has applied for a cosmetology school license under the "Act to establish  
a State Board School and College Registration and to regulate certain proprietary schools" approved  
August 22, 1969, which Act provides for an applicant for a cosmetology school to conduct a course of  
instruction (Private School) in the State of Ohio to file a bond in the sum of Ten Thousand (\$10,000.00)  
Dollars.

NOW THEREFORE, the condition of this obligation is such that if the principal shall indemnify  
any person suffering a loss as the result of any fraud or misrepresentation used in behalf of the principal in  
procuring such person's enrollment in a course of instruction, including repayment of tuition fees paid in  
advance by any student and shall faithfully comply with all the terms, conditions, provisions and  
requirements of the aforesaid Act and the Laws and Rules adopted by the State Board of Cosmetology, and  
shall save the State of Ohio harmless from any wrongful act arising out of the operation of the school, then  
this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED, however, that the liability of the surety shall in no event exceed the sum of Ten  
Thousand (\$10,000.00) Dollars in the aggregate for any and all claims hereunder.

If the surety herein shall so elect, this bond may be cancelled at any time by the surety herein  
filing with the State Board of Cosmetology of the State of Ohio a sixty (60) days written notice of such  
cancellation, but the said surety so filing said notice shall not be discharged from any liability already  
accrued under this bond of which said accrue hereunder before the expiration of said sixty (60) day period.

SIGNED, SEALED AND DATED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Approved this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

STATE BOARD OF COSMETOLOGY

SEAL

Principal

By \_\_\_\_\_  
(Title)

Surety

By \_\_\_\_\_

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**