

STATE OF OREGON
Department of Public Safety Standards and Training
SURETY BOND

PI License Number

Surety Company Bond Number

We, _____, as principal, and _____, a corporation qualified and authorized to do business in the State of Oregon, as surety, are held and firmly bound unto the State of Oregon for the use and benefit of the State of Oregon and any other interested person in the sum of _____ (\$ _____) lawful money of the United States of America to be paid as provided in ORS Chapter 703, for which payment well and truly to be made, we bind ourselves, our heirs, personal representatives, successors and assigns, jointly and severally, firmly by these presents,

WHEREAS, the above-named principal has made application for a License with the Department of Public Safety Standards and Training of the State of Oregon, or for renewal of such License and is required by ORS Chapter 703 to furnish a bond in the penal sum of \$ _____ with good and sufficient surety, conditioned as herein set forth.

NOW THEREFORE, the conditions of the foregoing obligation are that if said principal with regard to all work done by the principal as an "investigator" as defined in ORS Chapter 703, shall pay all amounts that may be ordered by the Department of Public Safety Standards and Training against the principal by reason of negligent or improper work or breach of contract in performing any of said work, in accordance with ORS Chapter 703 and the Administrative *Rules* promulgated pursuant thereto, and shall not disclose personal information obtained under ORS 802.179(18) except as permitted under ORS 902.181 or required by a court order, then this obligation shall be void; otherwise to remain in full force and effect.

THIS BOND is for the exclusive benefit of persons damaged by reason of the Principal's failure to perform or negligence in performing its obligations described above. Claims by clients shall be determined by the State of Oregon Department of Public Safety Standards and Training in the manner prescribed by Rule, and then only if such precipitating event occurred during the effective period of this bond.

THIS BOND shall become effective on the date the principal meets all requirements for licensure or renewal and shall continuously remain in effect until depicted by claims paid under ORS Chapter 703, unless the surety sooner cancels the bond. This bond may be cancelled by the surety and the surety be relieved of further liability for work performed on contracts entered after cancellation by giving 30 days' written notice to the principal and the Department of Public Safety standards and Training of the State of Oregon. Cancellation shall not limit the responsibility of the surety for final orders relating to work Performed during *the* work period of a contract entered into prior to the cancellation. This bond shall not be valid for purposes of licensure in accordance with ORS Chapter 703 unless filed with the Department of Public Safety **Standards and Training within sixty (60) days of the date shown below.**

IN WITNESS WHEREOF, the Principal and Surety have hereto set their hands and seals this _____ day of _____

Surety by.

Signature
(SEAL)

Name of Attorney-in-fact of Agent

Title

Agency Address and telephone number

City State Zip

Principal:

Signature

Name (print or type)

PLEASE NOTE: This bond is not valid until filed with the Department of Public Safety Standards and Training and the private investigator is licensed with the **Department in accordance with ORS Chapter 703.**

PLEASE COMPLETE THE CHECKLIST ON BACK OF THIS FORM

Form revised 10/05

**PLEASE COMPLETE THE CHECKLIST (✓)
BEFORE SENDING THE BOND:**

- Bond number is filled in;
- Investigator's name is correctly filled in on the first line;
- Bond company's name is correctly filled in on the second line;
- The amount of the bond appears in two (2) places;
- The bond agent or attorney-in-fact signed the bond;
- The investigator has signed the bond;
- The date of this bond is the date the bond company signed it;
- The bond has been sent so it reaches the Department of Public Safety Standards and Training within 60 days after the date shown on the face of the bond.

Per ORS 703.425(2)(e)
Licensure **WILL NOT BE VALID** until the
Department of Public Safety Standards and Training
has proof of one of the following:

- 1) **CORRECTLY COMPLETED ORIGINAL BOND**; or
- 2) Irrevocable letter of credit from a commercial bank;

If you have questions, please call our offices at (503) 378-8530,

Please mail to
DPSST
Private Security/Investigator Program
4190 Aumsville Hwy SE
Salem, OR 97317

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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