



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY

BOND
(SURETY COMPANY)

TO THE COMMONWEALTH OF PENNSYLVANIA

Know All Men By These Presents:

BOND NO. _____

That we _____ principal, and _____

_____ , a corporation

authorized to do business in the Commonwealth of Pennsylvania, surety, of the _____

_____ in the County of _____, Commonwealth of Pennsylvania, are held and firmly bound unto the Commonwealth of Pennsylvania (or for the use of any person aggrieved by the conduct of the business referred to herein) in the penal sum of **THREE THOUSAND DOLLARS (\$3,000.00)** lawful money of the United States, which payment to be well and truly made we do bind ourselves and each of us, our heirs, executors, administrators, successors and assigns firmly by these presents.

Sealed with our seals and dated this _____ day of _____ A. D. 19 _____

Whereas, the _____ has filed an application with the Secretary of Labor and Industry in and for the Commonwealth of Pennsylvania, for a license to conduct, keep and carry on the business of a private employment agent for profit at No. _____

Street, in the City of _____ in the Borough of _____,

in the Township of _____ in the County of _____, Commonwealth of Pennsylvania.

Now the conditions of this obligation is such that if the above bounden _____

_____, Licensee, shall faithfully observe and comply with the provisions of the Act of the General Assembly, No. 261, approved July 31, 1941, entitled "An act defining, regulating and providing for the licensing and registration of employment agents and their representatives, including private employment agents, theatrical employment agencies and nurses' registries, providing for revocation and suspension of licenses and registrations subject to appeal and for their reinstatement, defining the powers and duties of the Department of Labor and Industry and the Department of Public Instruction, providing penalties and repealing existing

laws;" that the aforesaid _____ licensee, shall pay all damages occasioned to any person by reason of any misstatement, misrepresentation, fraud or deceit or any unlawful act or omission of any such person, his agent or employee while acting within the scope of their employment, made, committed or omitted in the business conducted under such license or caused by any other violation of this act in carrying on such business, then this obligation to be null and void, otherwise to be and remain in full force and virtue.

Signed, sealed and delivered in the presence of _____ (Seal)

PRINCIPAL

SURETY COMPANY

By _____

ATTEST:

SECRETARY

SURETY

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

ss:

Personally appeared before me, a _____, duly

authorized to administer oaths, _____, who being duly

sworn says he/she is the _____ of the said corporation, and that the said corporation is authorized to do business in the Commonwealth of Pennsylvania, and has been licensed therefore by the Insurance Commissioner.

Sworn and subscribed to before me, this _____

_____ day of _____ A. D. 19 _____

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 **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