

PRIVATE DETECTIVE BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS, that we, _____
and _____, authorized to transact business
in the Commonwealth of Pennsylvania, as Surety, are held and firmly bound unto the Commonwealth
of Pennsylvania in the sum of _____ dollars()
lawful money of the United States of America, to be paid to the said Commonwealth of Pennsylvania,
its certain attorneys or assigns, to which payment well and truly to be made we do bind ourselves
and each of us, our heirs, executors, administrators and successors jointly and severally, firmly by
these presents.

SIGNED with our seals and dated this _____ day of _____.

WHEREAS, the above bounded _____
is an applicant for a license to be granted, to the Court of Common Pleas of _____
Pennsylvania, Criminal Division, to carry on a Private Detective Business under the provisions of the Act of
Assembly approved August 21, 1953, entitled "THE PRIVATE DETECTIVE ACT OF 1953".

NOW, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounded _____
shall faithfully and honestly
conduct said private detective business and shall faithfully obey all the laws of the Commonwealth
relating to said business, then this obligation shall be null and void, otherwise to remain in full
force and effect.

It is further understood and agreed by and between the parties hereto that if the said
surety shall so elect, this obligation may be cancelled by giving sixty (60) days notice, in
writing, to _____ and to the President
Judge of the Court of Common Pleas of _____ Pennsylvania, and unless the
written notice be rescinded, this obligation shall be deemed to be cancelled at the expiration of the
said period of sixty (60) days. It is further understood and agreed that, notwithstanding such
cancellation of this obligation, the said surety will thereafter remain liable under the terms, conditions
and provisions of this obligation for any and all credit extended to said principal prior to the effective
date of such cancellation of this obligation.

The term of this Bond shall begin on _____ and expire on _____.

Witness:

Witness:

_____, 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	\$
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