

State of Rhode Island and Providence Plantations
Department of Revenue
Division of Taxation
One Capitol Hill
Providence, RI 02908

Bond of an Employee Leasing Company
and/or Temporary Help Service Company

Bond Number _____

Know All Men By These Presents:

That _____
individual doing business as _____
a partnership _____
a corporation organized and existing under the laws of the State of _____
a limited liability company organized and existing under the laws of the State of _____
in the city or town of _____ in the State of _____
as principal, and _____
a corporation organized and existing under the laws of the State of _____
and having a principal place of business in the State of _____ and Duly authorized
to transact a surety business in the State of Rhode Island and Providence Plantations, as surety, are
holden and stand firmly bound and obligated unto the Tax Administrator of the State of Rhode Island, in
the sum of Fifty Thousand Dollars (\$50,000.00 Dollars) for payment of which well and truly to be made
we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally,
firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the principal has made
application to the Tax Administrator for certification as an "Employee Leasing Company" under the
provisions of Chapter 30 of Title 44 of the 1956 General Laws, as amended to date.

NOW, THEREFORE, If the Tax Administrator shall issue the certificate applied for, and if the
principal shall pay all taxes, interest, and penalties prescribed in accordance with the provisions of
Chapter 30 of Title 44 of the 1956 General Laws as amended, then this obligation shall be void;
otherwise it shall be and remain in full force and effect.

This bond shall be for the period commencing _____,
and ending _____, (the ending date). Cancellation may be effected by
any of the parties hereto by giving to each of the parties thirty (30) days notice in writing by registered mail
postage prepaid. This bond shall remain In full force and effect for violation of any condition hereof which
occurred prior to the effective date of cancellation, for a period of one year and a day after the expiration of
this bond as herein provided, unless a certificate be Issued by the Administrator to the effect that all taxes
due to the State have been paid.

Witness our hand and seal this _____ day of _____ AD..._____

WITNESS AS TO PRINCIPAL

NAME OF PRINCIPAL AND CORPORATE SEAL

BY: _____
SIGNATURE AND TITLE

BY: _____
NAME AND TITLE

WITNESS AS TO SURETY

NAME OF SURETY AND CORPORATE SEAL

BY: _____
SIGNATURE AND TITLE

BY: _____
NAME AND TITLE

STATE OF

COUNTY OF

Personally appeared before me _____
and _____ to me known and known to be the
_____ and _____ of and the persons who executed
the foregoing instrument in behalf of _____, one of the parties to the
foregoing Instrument; and each of them acknowledged said instrument by him signed to be his free act
and deed as such officer and the free act and deed of said _____.

STATE OF

COUNTY OF

Personally appeared before me _____
and _____ to me known and known to be the
_____ and _____ of and the persons who executed
the foregoing instrument in behalf of _____, one of the parties to the
foregoing Instrument; and each of them acknowledged said instrument by him signed to be his free act
and deed as such officer and the free act and deed of said _____.

STATE OF

COUNTY OF

Personally appeared before me _____
and to be the person executing the foregoing instrument as Principal and he acknowledged the same to be
his free act and deed.

**BOND
OF EMPLOYEE LEASING COMPANY
TO THE
TAX ADMINISTRATOR
OF THE
STATE OF RHODE ISLAND AND
PROVIDENCE PLANTATIONS**

Principal

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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
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.

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