

| | Training School Number | | | |
|---|---|--|--|--|
| Please read instructions on reverse side before executing bond. | | | | |
| BOND NUMBER | EFFECTIVE DATE | TIME | A.M 🗌 P.M. | |
| KNOW ALL MEN BY THES | E PRESENTS: that we | | doing | |
| | | (Firm Name as Licensed) | as | |
| Principal and | | | as | |
| people of the State of South Ca fraud, fraudulent representation the scope of employment of suc relating to driver training school (\$10,000), lawful money of the jointly and severally, our joint a provided that the aggregate liab (\$10,000) or to the amount of the WHEREAS, the ab | b business within the State of South Carol rolina to indemnify any student, or his leg or violation by said Principal, instructors is instructors, of any of the provisions of ls and the offering of driver education con United States of America, for which pays and several heirs, executors, administrator ility of this Surety under this bond for any ne actual loss incurred, whichever is less. ove bounden Principal desires that a Com ne to time by South Carolina Department | al representative, who may or representatives acting Title 56 of the South Caro urses, in the amount of Te ment, well and truly to be s, successors, and assigns y and all claims is limited unercial Driver Training S | ay be aggrieved by any g for such Principal within blina Code of Laws en Thousand Dollars made, we bind ourselves, a firmly by these presents; to Ten Thousand Dollars | |
| | ond executed by the said Principal and Su | | | |
| Motor Vehicles in compliance Department under the provision | with S.C. Code Ann., 56-23-40, to enable is of that law. | said Principal to obtain a | license from the | |
| NOW THEREFO | RE , the conditions of this obligation are su | uch that if the Principal sh | all well and truly observe | |
| legal representation made to his within the scope of the employ the violation such Principal or a Carolina Code of Laws relating | ly with the aforesaid requirements of law n by such Principal, such Principal's instr- nent of such instructors or representatives my such instructors or representatives of a to driver training schools and the offering e it shall remain in full force and effect. In | ructors or representatives s, or from any loss or dam any of the provisions of T g of driver education cour | acting for the Principal or nage suffered by reason of itle 56 of the South rses, then this obligation | |

This bond shall not automatically expire with the license for which is initially issued, but shall continue indefinitely, from license year to license year, upon timely payment of the premium thereon. Before this bond may be cancelled, a thirty (30) day written notice must be given to the South Carolina Department of Motor Vehicles. Such cancellation does not affect liability incurred or accrued prior to cancellation.

obtain a judgment against the Principal before making claim against the Surety on this bond.

(Principal)

(Surety)

By: _

By:_

(Title)



Instructions

- 1. Every applicant for a Commercial Driver Training School license must furnish a Surety bond and Power of Attorney in the penal amount of Ten Thousand Dollars (\$10,000) on a form to be prescribed by the Executive Director of the South Carolina Department of Motor Vehicles.
- 2. The Executive of the South Carolina Department of Motor Vehicles has prescribed a standard form of bond which is set forth on the first page hereof.
- 3. This bond must be executed by the applicant, as Principal, and by a corporate Surety company authorized to do business in this State, as Surety, and given to the Department before the application can be acted upon.
- 4. This bond must be signed by the owner, partner or corporate officer of the driver training school (Principal) and an agent from your Surety company.
- 5. The bond must be effective prior to or at the time of the granting of a license.
- 6. If the bonding company has changed, please submit a new original bond and Power of Attorney at the time of renewal.
- 7. If, during the license year, there is any change in a Principal's name, address or ownership then an endorsement from the Surety agent or a new bond will be required along with a new application for Commercial Driver Training School license.

SURETY BOND APPLICATION

| BUSINESS NAME: | |
|---|-------------|
| CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? SECTION.J: BOND APPLIED FOR: TYPE OF BOND: BUSINESS (DBLIGEE: (DBLICE: | |
| CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? SECTION.): BOND APPLIED FOR: TYPE OF BOND: DELIGEE: CBUIGEE: CBUIGE: | |
| NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? | (Zip) |
| SECTION I: BOND APPLIED FOR: | <u></u> |
| TYPE OF BOND: | |
| DBLIGEE:EFF.DATE:EXP.DATE:OBLIGEE ADDRESS: | |
| DeLIGEE ADDRESS: | |
| BUSINESS NAME: | |
| BUSINESS PHONE:BUSINESS FAX:Client E-mail BUSINESS ADDRESS: | (Zip) |
| SUSINESS ADDRESS: (Street) (Stree) | |
| (Street) (Stree) (Stre) (Stre) (Str | |
| TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? DATE BUSINESS ESTABLISHED: | |
| HAS ANY COMPANY REFUSED TO ISSUE YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS Y AGAINST YOU? JONDS FOR ANY PURPOSE? HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? Y JAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? Y SECTION LI: GENERAL INFORMATION SPOUSE NAME | (Zip) |
| HAS ANY COMPANY REFUSED TO ISSUE YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS Y AGAINST YOU? JONDS FOR ANY PURPOSE? HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? Y JAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? Y SECTION II: GENERAL INFORMATION SPOUSE NAME | |
| BONDS FOR ANY PURPOSE? AGAINST YOU? HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? No SECTION LI: GENERAL INFORMATION SPOUSE NAME | |
| HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? SECTION II: GENERAL INFORMATION SPOUSE NAME | |
| SECTION II: GENERAL INFORMATION DWNER'S NAME: | |
| DWNER'S NAME: | |
| DWNER'S NAME: | |
| SS#: | |
| (Street) (City) (State) ADDITIONAL OWNERS / PARTNERS SPOUSE NAME | |
| (Street) (City) (State) ADDITIONAL OWNERS / PARTNERS SPOUSE NAME | |
| DWNER'S NAME: | (Zip) |
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