

**STATE OF TENNESSEE**  
**\_\_\_\_\_ COUNTY**  
**PROBATIONARY SERVICES PROVIDER**  
**PERFORMANCE BOND**

Pursuant to TCA Section 40-35-302

STATE OF TENNESSEE,  
\_\_\_\_\_ COUNTY

KNOW ALL MEN BY THESE PRESENTS, THAT:

\_\_\_\_\_ (herein called the "Principal"), a  
\_\_\_\_\_ (form of business organization) organized and existing under and by the  
virtue of the laws of the State of \_\_\_\_\_; and  
\_\_\_\_\_, (herein called the "Surety"), a  
\_\_\_\_\_ (form of business organization) organized and existing under and by the  
virtue of the laws of the State of \_\_\_\_\_ and duly licensed to do business as a surety in  
the State of Tennessee; do hereby bind ourselves, successors, assigns, heirs and personal  
representative for the use and benefit of  
\_\_\_\_\_ County (hereinafter the "County")  
(hereinafter the "Obligee"), in the sum of Twenty-Five Thousand Dollars (\$25,000) for the  
payment of which will and truly to be made, in lawful money of the United States. The liability is  
limited to the \$25,000 regardless of the number of years this bond remains in force.

WHEREAS, the Principal has met all requirements set forth in Tennessee Code Annotated  
Section 40-35-302, as amended by Public Chapter 359, Acts of 2001 (hereinafter the "Act"); has  
filed with the Clerks of the General Sessions and/or Criminal Courts of County (hereinafter the  
"Courts") an application form as required under the Act; is eligible to receive appointments from  
the Judges of the Courts to supervise misdemeanor probationers for an indefinite term beginning  
\_\_\_\_\_; and pursuant to the terms of the Act is required to furnish a bond for the  
faithful performance of its duties under the Act as a private agency established for the purpose of  
supervising defendants convicted of misdemeanors.

NOW THEREFORE, THE CONDITIONS OF THIS OBLIGATION are such that if the Principal  
shall faithfully perform the duties of its appointment(s) by such Courts in accordance with the Act  
and shall pay over to the persons authorized by law to receive the same all moneys that may  
come into its hands during the time of the appointment(s) without fraud or delay, and at the  
expiration of the appointment(s), shall turn over to its duly appointed successors or to the Courts  
all records and property which have come into its hands, then this obligation shall be null and  
void; otherwise, to remain in full force and effect provided that the Surety may terminate its  
liability hereunder by giving sixty (60) days written notice of such termination to the Obligee and  
the Courts at the addresses listed below.

AND, the Surety's obligation under this bond shall arise after:

Obligee has notified the Principal at the address listed below, with a copy to the Surety,  
that Obligee or the Courts are considering declaring with respect to the Principal an event  
of nonperformance, default, or bankruptcy under one of the appointments; and  
Obligee has declared a default to exist, no earlier than 10 calendar days from the date of  
the notice.

AND, Surety shall promptly and at the Surety's expense take one of the following actions:  
Arrange for the Principal, with the consent of the Obligee, to perform and complete the appointment(s); or  
Waive its right to work with the Principal to perform and complete or to arrange for a successor appointee and to tender the penal amount hereof.

AND, for value received, it is hereby stipulated and agreed that no change, extension of time, alteration or addition to the terms of the appointment or to the work to be performed thereunder shall in anywise affect the obligations under this bond, and notice is hereby waived of any such change, extension of time, alteration or addition to the terms of the appointment or to the work.

IN WITNESS WHEREOF, the Principal and the Surety have hereunto affixed their signatures and seals, by the respective duly authorized officers, on the dates indicated.

\_\_\_\_\_  
Principal  
By: \_\_\_\_\_  
Name, title  
Dated: \_\_\_\_\_  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Surety  
Dated: \_\_\_\_\_  
By: \_\_\_\_\_  
Name, title  
\_\_\_\_\_  
Address

**ACKNOWLEDGEMENT OF PRINCIPAL**

State of \_\_\_\_\_  
County of \_\_\_\_\_

Personally appeared before me, a Notary Public in and for the above-referenced state and county, the undersigned \_\_\_\_\_, with whom I am acquainted, and made oath the s/he is the \_\_\_\_\_ of \_\_\_\_\_, that s/he is duly authorized to execute the foregoing Surety Bond in that capacity, and that s/he executed the same.

Witness my hand and seal this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires:

\_\_\_\_\_  
Notary

**ACKNOWLEDGEMENT OF SURETY**

State of \_\_\_\_\_  
County of \_\_\_\_\_

Personally appeared before me, a Notary Public in and for the above-referenced state and county, the undersigned \_\_\_\_\_, with whom I am acquainted, and made oath the s/he is the \_\_\_\_\_ of \_\_\_\_\_, a company duly licensed to engage in the surety business in the State of Tennessee, that s/he is duly authorized to execute the foregoing Surety Bond in that capacity, and that s/he executed the same.

Witness my hand and seal this \_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires: \_\_\_\_\_ Notary

**CERTIFICATION**

This is to certify that I have examined the foregoing bond and found the same to be sufficient and in conformity to law and that the original bond has been filed with this Office.

\_\_\_\_\_  
County Executive/Mayor for \_\_\_\_\_ County  
Dated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Address

**CERTIFICATION**

This is to certify that I have examined a copy of the foregoing bond and found the same to be sufficient and in conformity to law and that the certified copy of the bond has been entered upon the records of the Court.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court for \_\_\_\_\_ County  
Dated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court for \_\_\_\_\_ County  
Dated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Address

## 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>		<b>PERCENTAGE OF OWNERSHIP</b>

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**