

BOND NUMBER _____

DRIVER EDUCATION SCHOOL BOND

THE STATE OF TEXAS

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COUNTY OF _____

Know all persons by these present that

we _____ DOING BUSINESS AS
full legal name of owner

_____ as PRINCIPAL,
legal name of driver education school

at the address of _____
physical address of driver education school

and _____ as SURETY,
name and telephone number of surety

duly authorized and qualified to do business in Texas as a corporate surety company are firmly bound unto THE STATE OF TEXAS in the sum of **TEN THOUSAND (10,000)** dollars, payable at Austin, TRAVIS COUNTY, TEXAS, and for the payment of which, well and truly to be made, PRINCIPAL binds himself and his heirs, executors, and administrators, jointly and severally, or itself, its successors and assigns, and the SURETY, binds itself, its successors and assigns, firmly by these presents.

WHEREAS PRINCIPAL has made application for or is the holder of a DRIVER EDUCATION SCHOOL LICENSE issued pursuant to the provisions of Title 5, Texas Education Code, Chapter 1001 (the "Code").

NOW, THEREFORE, THE CONDITION OF THE OBLIGATION, is such that if the PRINCIPAL, its officers, agents, and employees shall faithfully discharge all obligations, duties, and responsibilities contained in Sections 1001.201, 1001.204, 1001.207, 1001.401, 1001.451, and all other applicable Sections of the Code and all amendments thereto, and all applicable rules and regulations of the Commissioner of Education adopted to carry out the provisions of the Code, then this obligation to be void, OTHERWISE, to remain in full force and effect; SUBJECT, HOWEVER, TO THE FOLLOWING TERMS AND CONDITIONS:

1. This Bond shall become effective on the date the school commences to enroll students, the day following the date of termination of the prior bond, or the effective date of the Driver Education School License, whichever is earliest, and shall remain in full force and effect until canceled as provided herein or until such Driver Education School License has expired. A bond shall be provided with each original application filed. An original bond or a continuation agreement for the bond filed with the original application shall be provided with each renewal application filed.

2. This Bond may be canceled at any time by the SURETY, or by the Commissioner of Education or his designee upon the giving of thirty (30) days written notice, registered mail, in which event the liability of the SURETY shall at the expiration of the thirty (30) days, cease and terminate, except as to such liability of the PRINCIPAL which may have accrued prior to the expiration of the said thirty (30) days, it being understood that the SURETY shall be liable for the default of the PRINCIPAL in fully discharging any liability of his or its part as stated above, accruing while this bond is in full force and effect.

3. The liability of the surety on account of all defaults occurring during the entire effective period of this Driver Education School License Bond shall not exceed the penalty or amount stated above.

IN TESTIMONY WHEREOF, the parties have hereunto subscribed their names or have caused this instrument to be signed by duly authorized officers and the corporate seal to be hereunto affixed this _____ day of _____, _____.

VALID POWER OF ATTORNEY MUST BE ATTACHED

SURETY _____ PRINCIPAL _____

BY X _____ BY X _____
original signature original signature

TITLE _____ TITLE _____

TEXAS DEPARTMENT OF INSURANCE FILE NUMBER (if applicable) _____

LOCAL RECORDING AGENT X _____
original signature

SURETY SEAL

TYPED OR PRINTED NAME _____

MUST BE AFFIXED

TEXAS DEPARTMENT OF INSURANCE FILE NUMBER _____

_____ insurance agent _____ address _____ telephone number _____

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**
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