

PERSONNEL EMPLOYMENT SERVICE BOND

THE STATE OF TEXAS

COUNTY OF _____

BOND NUMBER: _____

KNOW ALL MEN BY THESE PRESENTS:

THAT (I) (WE), _____
Owner(s) of Company

Of _____ of _____
Name of Company City, State

As PRINCIPAL, and _____
Name of Surety

As SURETY, duly authorized and qualified to do business as a surety company in this state, are firmly bound unto the STATE OF TEXAS in the sum of FIVE THOUSAND AND NO/100 DOLLARS (\$5,000) payable to Austin, Travis County, Texas, for the use by an individual, the State, or any political subdivision thereof who secures a judgment against the above name personnel employment service for damages, restitution or expenses, including reasonable attorney's fees, resulting from a cause of action connected with the operation of a personnel employment service and for the payment of which, well and truly to be made, we bind ourselves, our heirs, successors and assigns, jointly and severally, firmly by these presents.

NOW, THEREFORE, the CONDITION OF THIS OBLIGATION is such that is the PRINCIPAL shall not violate any of the duties, terms, conditions, provisions, or requirements of the Texas Personnel Employment Services Act, as provided in Article 5221a-7, and as it may hereafter be amended to read, and all applicable rules and regulations of the Commissioner of the Texas Department of Licensing and Regulation adopted to carry out the provisions of said law, then this obligation is voided, OTHERWISE, to remain in full force and effect subject to the following terms and conditions:

1. It is agreed that as of _____, this bond shall be in full force and
Effective date
effect and remain in effect until canceled by the SURETY.
2. This bond is open to successive recovery, but in no event shall the aggregate liability of the SURETY under this bond for any and all damages to one or more claimants exceed the face value of this bond regardless of the number of years the bond remains in force.

Signature Owner/President of Personnel Employment Service Date

Authorized Signature for Surety Date

Signature of Secretary Date

AN ORIGINAL POWER OF ATTORNEY ISSUED ON BEHALF OF THE SURETY SHOULD BE PRESENTED TO THE PRINCIPAL WHEN THE BOND IS SIGNED.

NOTE: EACH REGISTRANT IS REQUIRED TO MAINTAIN A BOND UNTIL THE SECOND ANNIVERSARY OF THE DATE THE REGISTRANT CEASES TO OPERATE AS A PERSONNEL EMPLOYMENT SERVICE IN THIS STATE.

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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