

SURETY BOND AFFIDAVIT AND ACKNOWLEDGEMENT OF SURETY

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PURPOSE: A Driver Training School uses this form to verify to DMV that it has obtained proper bond.
INSTRUCTIONS: Complete this form and have it notarized. Return or mail the notarized form to the DMV Commercial Licensing Division at the above address. The completed form may be faxed to (804) 367-2019.

Whereas we, _____
 doing business at _____
 as Principal and _____

(Surety) a corporation of the state of _____, duly authorized to do business within the Commonwealth of Virginia, as Surety, are held and firmly bound unto the people of the Commonwealth of Virginia to indemnify any person who may be aggrieved by fraud, fraudulent representation or violation by said Principal or his agents or employees acting for such Principal or within the scope of the employment of any of the provisions of Chapter 17, Title 46.2 of the Code of Virginia, in the amount of Five Thousand Dollars (\$5,000) for Class B Driver Training Schools or One Hundred Thousand Dollars (\$100,000) for Class A driver training schools, of lawful money of the United States of America, for which payment, well and truly to be made, we bind ourselves, jointly and severally, our joint and several heirs, executors, administrators, successors and assigns, firmly by these presents; provided, that the aggregate liability under this bond shall not exceed

(check one:)
 Five Thousand Dollars (\$5,000) per year (For Class B Driver Training Schools)
 One Hundred Thousand Dollars (\$100,000) per year (For Class A Driver Training Schools) *****

WHEREAS, the above bounden Principal desires that a driver training school license be issued and thereafter reissued from time to time by the Commissioner of the Department of Motor Vehicles, Commonwealth of Virginia; and

WHEREAS, this bond executed by the said Principal and Surety is filed with the Commissioner in compliance with the provisions of Chapter 17, Title 46.2 of the Code of Virginia, to enable said Principal to obtain a license from the Department of Motor Vehicles under the provisions of that law.

NOW THEREFORE, the conditions of this obligation are such that if the Principal shall well and truly observe and strictly and faithfully comply with the aforesaid requirements of law, and shall save and keep harmless any person from any fraud practiced on him or fraudulent representation made to him by such Principal or one of such Principal's agents or employees acting for the Principal or within the scope of the employment, or from any loss or damage suffered by reason of the violation by such Principal or any such agent or employee of the Provisions of Chapter 17, Title 46.2 of the Code of Virginia or of the driving training school regulations, then this obligation shall be null and void; otherwise it shall remain in full force and effect.

This bond shall not automatically expire with the license for which it is initially issued, but shall continue indefinitely, from license renewal to license renewal, as a new and separate obligation for each such license year. Surety may cancel this bond at any time upon thirty days (30) prior written notice to the Commissioner, provided, however, such cancellation shall not operate to relieve, release or discharge the Surety from any liability already accrued or which shall accrue before the expiration of the thirty day (30) period.

Signed and sealed this _____ day of _____, '____' _____.

 Name of Principal (School) (SEAL)

 Signature of Owner, Partner or Officer of the Principal (SEAL)

WITNESS (SEAL)

 (Signature at right must be witnessed)

by: _____ (SEAL)
 Name of Surety Company

DMV USE ONLY
School License Number
Bond Number

 Officer or Attorney in Fact for Surety Company (SEAL)

 Registered Virginia Agent (SEAL)

SEE OTHER SIDE FOR ACKNOWLEDGEMENT OF SURETY

AFFIDAVIT AND ACKNOWLEDGEMENT OF SURETY

All Surety Companies must complete the following or a reasonable facsimile.

COMMONWEALTH OR STATE OF _____

_____ ~~City~~ or County (strike one) of _____ to-wit:

I, _____ a notary public in and for
the _____ aforesaid, in the State aforesaid,

do certify that _____ personally

appeared before me in my _____ aforesaid and

made oath that he/she is _____ of the

_____ that he/she is duly authorized to execute the foregoing

bond by virtue of a certain power of attorney of said company, dated _____ and recorded in the

Clerk's Office of the _____ of _____,

in Deed Book No. _____ page _____, that said power of attorney has not been revoked, that the said company

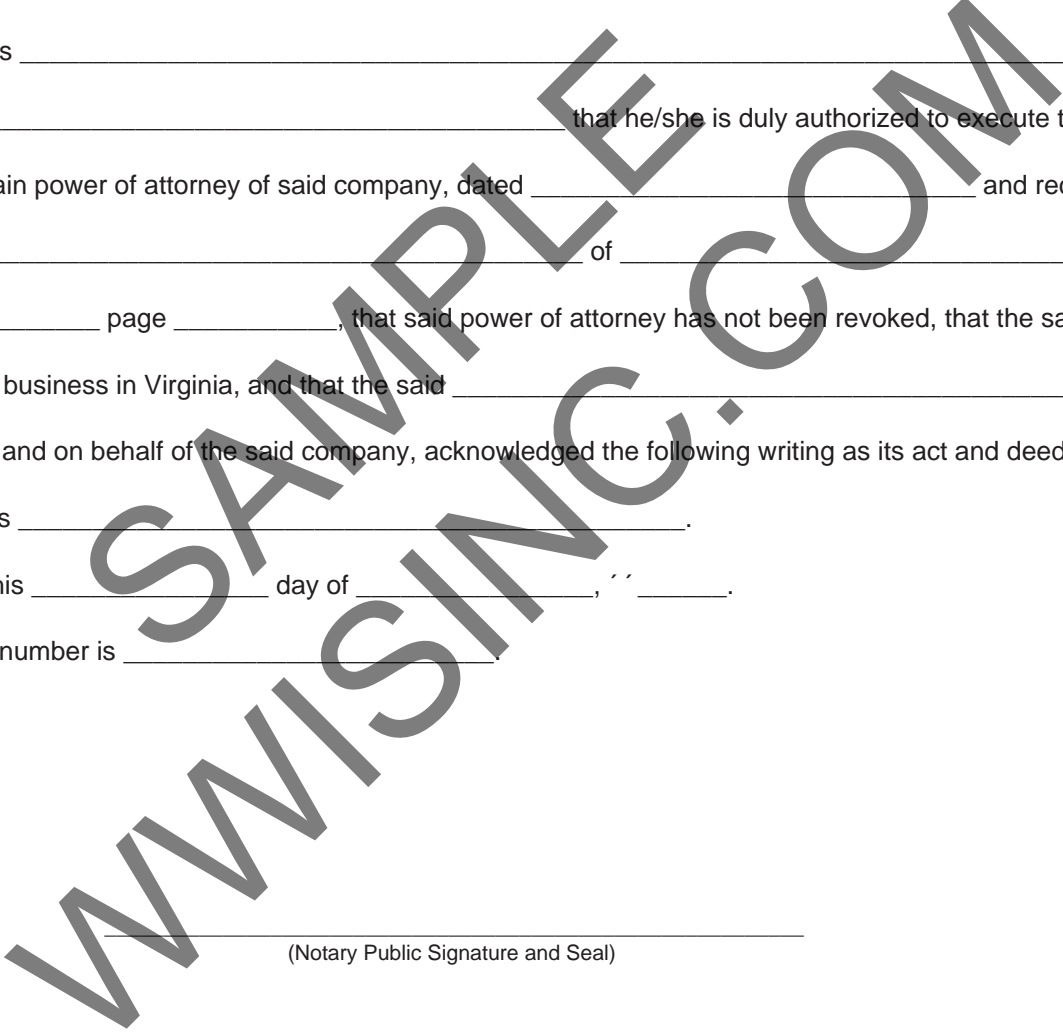
is legally qualified to do business in Virginia, and that the said _____

thereupon, in the name and on behalf of the said company, acknowledged the following writing as its act and deed.

My term of office expires _____.

Given under my hand this _____ day of _____, '____' _____.

My six digit registration number is _____.



(Notary Public Signature and Seal)

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**
2424 W. Missouri AVE **Local (602) 749-0702**
Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM