



**COMMONWEALTH OF VIRGINIA**  
**Department of Criminal Justice Services**  
 P.O. Box 1300 • Richmond, VA 23218  
 Phone: (804) 786-4700 • Fax: (804) 786-6344 [www.dcjs.virginia.gov/pss](http://www.dcjs.virginia.gov/pss)

Status Hotline  
 (804) 786-1132  
 1-877-9STATUS

**Private Security Services – BOND**

**IMPORTANT INFORMATION**  
 Minimum Bond Requirement \$100,000

**Business Information**

Business or Training School Name:		Trading As:	
Mailing Address (Street/Apt.#):		City, State, Zip:	
Physical Address:		City, State, Zip:	
Bond Number:		Expiration Date:	

**Bond Information**

That I/WE \_\_\_\_\_ of \_\_\_\_\_ Principal, and \_\_\_\_\_ Surety, are held and firmly bound unto the Secretary of the Commonwealth of Virginia, in the just and full sum of One Hundred Thousand Dollars (\$100,000) to the payment whereof well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

**THE CONDITION OF THE ABOVE OBLIGATION IS SUCH** that whereas the above bound has made application for license to be a Private Security Services Business.

NOW THEREFORE, if the said \_\_\_\_\_ shall well and faithfully perform its duties as a Private Security Services business AND does not act or acts meriting suspension or revocation of its license under the provisions of Chapter 27, Title 9, *Code of Virginia*, 1950 as amended, then this obligation is void, otherwise to remain in full force and effect, subject, however, to the following conditions.

1. That this bond shall be continuous in form, and shall remain in full force and effect until canceled as hereinafter provided.
2. This bond may be canceled at any time by the Principal or the Surety upon giving thirty (30) days written notice to the Department of Criminal Justice Services, at Richmond, Virginia, of its intention to do so, it being understood that the Surety shall be liable for any violation of the terms of this bond by the Principal accruing during the life of this bond.
3. Any person aggrieved by any act of the above bounden principal in violation of the provisions of Chapter 27, Title 9, *Code of Virginia*, 1950 as amended, May proceed against the principal or surety on said bond, or both, to recover damages not to excess of the penalty of such bond, in accordance with the provisions of Chapter 27, Title 9, *Code of Virginia*, 1950 as amended.

IN WITNESS THEREOF, The said \_\_\_\_\_ Principal(s) has hereunto affixed his or her signature and seals, and the Surety has caused these presents to be executed by

\_\_\_\_\_, its duly authorized Attorney-in-fact, this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Surety)  
 Authorized to conduct business in the Commonwealth of Virginia  
 \_\_\_\_\_ (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	\$
<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**