

Cosmetology, Barbering, Esthetics, and/or Manicuring School Surety Bond

Use this form to submit a surety bond for your business. It must be submitted as part of the your application. When completed, send this form to: Cosmetology Program, Department of Licensing, PO Box 9026, Olympia, WA 98507-9026

[ ] Sole proprietor [ ] Partnership [ ] Corporation Bond number \_\_\_\_\_

Know all persons by these presents: That \_\_\_\_\_ Applicant/Owner

doing business as \_\_\_\_\_ Business name

as Principal, at the following address \_\_\_\_\_ and

a corporation organized and existing under the laws of the State of \_\_\_\_\_ and authorized to transact surety business in the State of Washington, as Surety, are held and firmly bound unto the State of Washington in the sum of \_\_\_\_\_ Dollars lawful money of the United States of America to be paid to the said State of Washington, for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally firmly by these presents, which amount is not less than ten thousand dollars, or is ten percent of the annual gross tuition, whichever is greater, not to exceed fifty thousand dollars.

The condition of the above obligation is such that : Whereas, the said principal has made application for a Cosmetology, Barber, Manicuring, Esthetics School license by the Business and Professions Division of the State of Washington for carrying on the business of \_\_\_\_\_ within the State of Washington; and is required by Chapter 18.16 RCW to furnish a bond in the penal sum of \_\_\_\_\_ Dollars with good and sufficient surety, conditioned as required by said law.

Now, therefore, if the said principal will comply with all the provisions of Chapter 18.16 RCW of the State of Washington and with all rules and regulations adopted by the Director of the Department of Licensing, of said state pursuant to the provisions of Chapter 18.16 RCW and will pay all amounts that may be adjudged against Principal by reason of violation of Chapter 18.16 RCW or any rules or regulations adopted pursuant thereto in the conduct of Principal's business as a \_\_\_\_\_ then the above obligation shall be null and void; otherwise to remain in full force and effect.

Provided: That any person having a claim against Principal for damage as a result of any violation by Principal or his/her agent of Chapter 18.16 RCW or any rules or regulations adopted pursuant thereto may bring a suit on this bond in the Superior Court of the County in which Principal's business is located, or of any county in which jurisdiction of the Principal may be had.

Provided further: That the aggregate liability of the Surety hereunder for any and all claims presented shall not exceed the penal sum of this bond. Provided further: That the Business and Professions Divisions shall be notified thirty (30) days prior to the cancellation of this bond, along with the reason for cancellation or termination. No bond filed shall be approved unless it expressly provides that it will be effective for one year following the effective date of its cancellation or termination, whether because of expiration, suspension, or revocation of the license, or otherwise, as to any covered act or acts and omission or omissions of the licensee occurring on, or prior to, the effective date of cancellation or termination.

In witness whereof, the Said Principal and the Said Surety have affixed their hands and seal this \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_\_. Effective date of bond:

Signature of principal

Signature of sole owner or individual authorized to sign for partnership or corporation

(SURETY SEAL)

Surety

Name \_\_\_\_\_

Attorney-in-Fact \_\_\_\_\_

Agency name \_\_\_\_\_

Resident agent \_\_\_\_\_

Address \_\_\_\_\_

Bond forms change; this is for educational purposes only

## 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**