

**STATE OF WEST VIRGINIA
SECRETARY OF STATE**

Private Detective or Investigator Surety Bond

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, 1) _____ as Principal, and
2) _____, a corporation with authority to
do business in the State of West Virginia, as Surety, are firmly bound unto the State of West Virginia, in the just and full
sum of **Two Thousand Five Hundred Dollars** (\$2,500), for which payment we bind ourselves and our legal representatives
and successors, jointly and severally.

WHEREAS, the principal has filed an application with the Secretary of State for a license to engage in the business
of Private Detective or Investigator or the business of Watch, Guard or Patrol Agency.

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION is that if the if the Principal shall faithfully and
honestly conduct the business for which the application is filed and license certificate issued, then this obligation shall be
void; otherwise, it shall remain in full force and effect.

This Bond is executed pursuant to the provisions of Chapter 30, Article 18, of the Official Code of West Virginia, and
rules of the Secretary of State promulgated thereunder, which are hereby made an express part of this bond.

The premium for which this bond is written is 3) _____ dollars (_____).

This Bond is to cover all claims on account of the issuance of the license to the principal for the full term thereof.
This bond is effective from 4) _____ day of _____, _____, to the 5) _____ day of
_____.

IN WITNESS WHEREOF the Principal and Surety have executed this instrument the 6) _____ day of
_____.

7) _____
Principal

8) _____
Surety Corporation

Complete Address of Principal


Address of Surety Corporation


Telephone Number of Principal

Phone Number of Surety Corporation

9) _____
Signature of Principal

10) _____
Signature of Surety

11) Principal's Seal 

12) Embossed Surety Seal 

Acknowledgment by Principal if Individual

- 13) State of _____),
 - 14) County of _____), to-wit:
 - 15) I, _____, a Notary Public in and for the county
 - 16) and state aforesaid, do certify that _____,
whose name is signed to the writing above or hereto annexed, has this day acknowledged the same before me in my
said county.
 - 17) Given under my hand this _____ day of _____, 20 _____.
 - 18) _____ Notary Public
 - 19) Notary Seal
 - 20) My Commission Expires _____.
-

Acknowledgment by Principal if LLC or Corporation

- 21) State of _____)
- 22) County of _____), to-wit:
- 23) I, _____, a Notary Public in and for the county
- 24) and state aforesaid, do hereby certify that _____,
- 25) who, as _____, signed the writing above or hereto annexed,
- 26) for _____, a corporation, has this day, in my
said county before me acknowledged the said writing to be the act and deed of said corporation.
- 27) Given under my hand this _____ day of _____, 20 _____.
- 28) _____ Notary Public
- 29) Notary Seal
- 30) My Commission Expires _____

Acknowledgment for Surety

31) State of _____)

32) County of _____), to-wit:

33) I, _____, a Notary Public in and for the county

34) and state aforesaid, do hereby certify that _____, who, as

35) _____, signed the writing above or hereto annexed, for

36) _____, a corporation, has this day, in my said county before me, acknowledged the said writing to be the act and deed of said corporation.

37) Given under my hand this _____ day of _____,

38) _____ Notary Public

39) Notary Seal

40) My Commission Expires _____

Approved as to sufficiency of form and manner of execution this

_____ day of _____, 20 _____.

Patrick Morrissey, Attorney General of the State of West Virginia

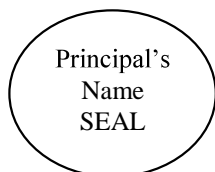
By: _____

Chief Counsel

Bond Instructions

Line:

1. Enter the name of the Principal to be covered by the bond.
2. Enter the name of the Surety company issuing the bond.
3. Enter the amount of the premium paid to surety.
4. Enter the effective date of the bond.
5. Enter the expiration date of the bond.
6. Enter the bearing date of the bond, also known as the execution date of the bond.
7. Enter the complete name, address and telephone number of the Principal to be covered by the bond.
8. Enter the complete name, address and telephone number of the Surety company issuing the bond.
9. The Principal must sign. Note the signature must be an original.
10. The Surety must sign. Note the signature must be the original signature of the officer or person having Power of Attorney to bind the Surety.
11. Affix the Principal's corporate seal. If the principal has not adopted a seal, one may be drawn by printing the name of the company and the word "SEAL" and circling them.



12. Affix the embossed corporate seal of the Surety.

Section to be completed by the Notary Public acknowledging the signature of the Principal

Acknowledgment by Principal if Individual

13. Enter the name of the state.
14. Enter the name of the county.
15. Enter the name of the Notary Public witnessing the transaction.
16. Enter the name of the person signing on behalf of the Principal.
17. Notary must enter the date the bond was witnessed.
18. Notary must sign here.
19. Attach notary seal.
20. Notary enters his/her commission expiration date.

Acknowledgment by Principal if LLC or Corporation

21. Enter the name of the state.
22. Enter the name of the county.
23. Enter the name of the Notary Public witnessing the transaction.
24. Enter the name of the person signing on behalf of the Principal. Note person signing on behalf of the Principal must be either the President or Vice President of corporation, Owner or General Partner of company or partnership, or Manager or Managing Member of Limited Liability company. If not, please provide signature authority for the person signing the bond.
25. Title of person signing on behalf of the Principal.
26. Principal covered by the bond.
27. Notary must enter the date the bond was witnessed.
28. Notary must sign here.
29. Attach notary seal.
30. Notary enters his/her commission expiration date.

Section to be completed by the Notary Public acknowledging the signature of the Surety

31. Enter the name of the state.
32. Enter the name of the county.

33. Enter the name of the Notary Public witnessing the transaction.
34. Enter the name of the person binding the Surety.
35. Enter title of the person binding the Surety.
36. Enter name of the Surety.
37. Notary must enter the date the bond was witnessed.
38. Notary must sign here.
39. Attach notary seal.
40. Notary enters his/her commission expiration date.

POWER OF ATTORNEY INSTRUCTIONS

A Power of Attorney for the Surety must be attached. It must be in full force and effect on the execution date indicated on the front page of the bond (Line 6). The embossed corporate seal must also be affixed to the Power of Attorney.

Power of Attorney must contain...

- Name of Attorney-in-fact.
- The Power of Attorney may not exceed imposed limitations.
- The Certificate date should be the bond execution date.
- The signature of the authorized official. The signature may be a facsimile.
- An embossed seal.

SAMPLE
WWWISINC.COM

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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