

DRIVER SCHOOL BOND

MV3764 8/2007

Owner Name	
School Name	
School Address	
Surety Company Name	
Surety Company Address	
Bond Amount	Bond Number

The above-named owner as principal and the above-named company as surety, are firmly bound to the Wisconsin Department of Transportation for the benefit of any person aggrieved under the provisions of Chapter Trans 105 Wisconsin Administrative Code.

The condition of this obligation is that the above-named principal has applied for, or has been granted, approval to do business as a Driver School pursuant to Subchapter VI of Chapter 343 Wisconsin Statutes, or any successor statutes subsequently amended or created, and pursuant rules and regulations.

The amount of this bond is the sum stated above in lawful money of the United States of America.

If the owner complies with all the provisions of Chapter Trans 105 Wisconsin Administrative Code, the bond obligation shall be void.

Liability under this bond shall be continuous in nature. In the event of renewal for one or more annual periods, the liability of the surety shall not be cumulative. Regardless of the number of years that this bond is continued, or the number of annual premiums that is paid or payable, the aggregate liability of the surety during the entire period in which this bond is in force shall not exceed the stated amount of this bond.

This bond may be terminated by surety giving thirty (30) days written notice to the Wisconsin Department of Transportation. In the event of termination, the surety shall be relieved of liability only with respect to breaches of condition occurring on and after the effective termination date.

In witness, principal and surety have signed this bond.

(Effective Date)

X _____
(Witness to Principal Signature)

(Principal School Name)

X _____
(Witness to Principal Signature)

X _____
(Signature of Authorized School Representative, Title)

X _____
(Witness to Surety Signature)

(Surety Company Name)

X _____
(Witness to Surety Signature)

X _____
(Signature of Surety Officer, Attorney-in-Fact)

The address for filing and giving notice is Wisconsin Department of Transportation, PO Box 7920, Madison, WI 53707-7920

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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Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM