

Wisconsin Department of Safety and Professional Services

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BOND OF PRIVATE DETECTIVE OR PRIVATE DETECTIVE AGENCY Subchapter II, Chapter 440, Stats.

POLICY NUMBER _____

KNOW ALL PERSONS BY THESE PRESENTS

That _____
(Name of Individual or Entity Checked at the Right)

- an individual
- a partnership
- a corporation
- a limited liability company

doing business as _____
(Trade Name of Individual or Agency, If Applicable)

at _____, as PRINCIPAL, and
(Address of Private Detective Agency)

_____ of
(Name of Surety)

_____, as SURETY,
(Address of Surety)

a corporation duly authorized to do business in the State of Wisconsin, are held and firmly bound unto the Obligees of the bond to make payment of the sum of "\$ _____". We, the PRINCIPAL and the SURETY, bind ourselves, firmly by this bond, provided that no obligation hereunder shall require payment more than once for the same loss or damage.

The Condition of the Obligation is such that the PRINCIPAL has applied for issuance or renewal of licensure to do business as a private detective or private detective agency pursuant to sec. 440.26, Wisconsin Statutes, and applicable sections of the Wisconsin Administrative Code, and, if neither the PRINCIPAL nor any of its employees, agents, or representatives by whatever name they might be known shall cause any damage or loss to any person by reason of violation of the statutes or administrative code governing the conduct of a private detective or private detective agency during the term of this bond, then this Obligation is void, but otherwise of full force and effect for the benefit of the State of Wisconsin and any other person who shall suffer loss or damage within the Condition of this Obligation.

The **term of this bond** shall be from the date of its signing by PRINCIPAL and SURETY to _____, unless renewed by a Continuation Certificate or terminated earlier upon 60 days written notice to the Secretary of the Department of Safety and Professional Services, P.O. Box 8935, Madison, WI 53708.

Signed and sealed this _____ day of _____,

Bond forms change; this is for educational purposes only.

(Principal)

(Witness)

By: _____
(Title)

(Surety)

By: _____
(Attorney in Fact)

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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