



WORLD WIDE BONDING AGENCY

2846 WILLIAM STREET BUFFALO NEW YORK 14227
 PH: 888-681-7685 ~ FAX: 716-681-7683
 www.wwbagency.com wwbasurety@wwbagency.com

NEW YORK NAIL SALON WAGE PAYMENT SURETY BOND APPLICATION

Steps: 1.) Fill out Application 2.) Save File/Print 3.) Send to email or fax information listed above
CONTACT INFORMATION

Contact Name (If insurance agent, please include Agency Name)	<input type="checkbox"/> Applicant <input type="checkbox"/> Insurance Agent <input type="checkbox"/> Attorney <input type="checkbox"/> Other		
Email Address	Phone Number	Fax Number	

APPLICANT INFORMATION

Applicant or Business Name (<u>Exactly</u> as shown on License)	Sole Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC or LLP <input type="checkbox"/>			
Business Street Address	City	State	Zip	
Do you have or need other bonds?	Effective Date	Bond Amount		
Please indicate any ownership changes in the last 12 months:				
Previous Surety? If yes, provide Surety below.	Reason for changing Surety			
Has the business or any of the owners involved;				
Had any lawsuits or judgments against them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had their license suspended, revoked or denied? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever failed in business or declared Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever been party to a surety bond claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever had a bond declined or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PERSONAL INFORMATION – Owner #1

First Name	Middle	Last Name	Social Security Number	<input type="checkbox"/> Single <input type="checkbox"/> Married	
Resident Street Address		City	State	Zip	
# of years you have owned this business	# of years experience	% Ownership	Phone Number		
Value of Primary Residence		Balance of Mortgage			

PERSONAL INFORMATION – Owner #2 (if applicable)

First Name	Middle	Last Name	Social Security Number	<input type="checkbox"/> Single <input type="checkbox"/> Married	
Resident Street Address		City	State	Zip	
# of years you have owned this business	# of years experience	% Ownership	Phone Number		
Value of Primary Residence		Balance of Mortgage			

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false, incomplete, or misleading information, or conceals information concerning any material fact whereeto, commits a fraudulent insurance act, which is a crime punishable by incarceration, and shall also be subject to civil penalties.

PERSONAL INFORMATION – Owner #3 (if applicable)

First Name	Middle	Last Name	Social Security Number	<input type="checkbox"/> Single <input type="checkbox"/> Married
Resident Street Address		City	State	Zip
# of years you have owned this business	# of years experience	% Ownership	Phone Number	
Value of Primary Residence		Balance of Mortgage		

PERSONAL INFORMATION – Owner #4 (if applicable)

First Name	Middle	Last Name	Social Security Number	<input type="checkbox"/> Single <input type="checkbox"/> Married
Resident Street Address		City	State	Zip
# of years you have owned this business	# of years experience	% Ownership	Phone Number	
Value of Primary Residence		Balance of Mortgage		

PERSONAL INFORMATION – Owner #5 (if applicable)

First Name	Middle	Last Name	Social Security Number	<input type="checkbox"/> Single <input type="checkbox"/> Married
Resident Street Address		City	State	Zip
# of years you have owned this business	# of years experience	% Ownership	Phone Number	
Value of Primary Residence		Balance of Mortgage		

REQUIRED INFORMATION

BOND AMOUNT <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$125,000
If you are still unsure of the bond amount you need, there is an easy to use Nail Salon Wage Bond Calculator on the NY Division of Licensing Services Website
LICENSE UNIQUE ID NUMBER (UID) *The License Unique ID Number (UID) is found in the upper left corner of the license certificate. If a new business please put "N/A"

NOTE: All NYS Nail Salon Wage Payment Applications require a Business Tax Return. If Bond Amount is greater than \$25,000, it is required you also provide a Personal Financial Statement and/or a Personal Tax Return.

TERMS OF SERVICE

<p>Completion of this online application constitutes permission for World Wide Agent Services, Inc. and its selected surety companies to obtain consumer information, including personal credit reports of individual applicants as well as owners and officers of business applicants, which may be used to determine bonding eligibility. Such credit reports may also be obtained at the time of any review or renewal, any potential or actual claim, or for any other legitimate purposes as determined by the surety companies in their reasonable discretion. This information is held in strict confidence.</p> <p><input type="checkbox"/> I acknowledge that I have read and agree to the above Terms of Service on this date: _____</p>
