

NAME OF INSURANCE COMPANY

Bond Number: _____

Amount of Bond: \$ _____

Effective Date: _____

KNOW ALL MEN BY THESE PRESENTS, that the applicant for said approval

Owner

Name of School

Located at _____

Address

as Principal, and _____ with principal office in the State of Illinois,

Name of Insurance Company

located at _____ as Surety, are held firmly bound unto the Commissioner, New Jersey Department of Labor and Workforce Development, for the benefit and protection of the students of said principal, in the sum of _____ Lawful money of the United States of America to be paid to the Treasurer, State of New Jersey, its certain attorney or assigns to which payments well and truly be made, we bind ourselves, jointly and severally our heirs, executors, administrator's successors and assigns firmly by these presents.

Signed, sealed with our seals and delivered this _____ day of _____ in the year of _____.

WHEREAS, the above bounden Principal desires to operate its school at the place set for the above in the manner required both by its express contracts with its student as well as the rules and regulations of the New Jersey Departments of Education and Labor and Workforce Development.

This bond expressly issued on condition that it may be cancelled by the Surety on 30 days written notice to oblige.

IN WITNESS WHEREOF, the parties have hereunto set hands and seals the day and year first above written

Principal: _____

Name of Insurance Company: _____

Attest: _____

By: _____