

Name of Insurance Company

Bond Number: _____

Amount of Bond: _____

Effective Date: _____

Expiration Date: _____

KNOW ALL MEN BY THESE PRESENTS, that the applicant for said approval _____ (*Owner*) of _____ (*Name of Private Career School*) as Principal, and located a _____ (*Name of Insurance Company*) with principal office in the State of New Jersey located at _____ (*Address*), as Surety, are held firmly bound unto the Commissioner, New Jersey Department of Labor and Workforce Development, John Fitch Way, PO Box 057, 5th Floor, Trenton, New Jersey 08625-0057 (*Obligee*) for the benefit and protection of students of said principal, in the sum of \$ _____ (*in numbers*), _____ (*in words*) lawful money of the United States of America, to be paid to the Commissioner, New Jersey Department of Labor and Workforce Development, 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 firms by these presents.

The bond issuer as named above shall notify the New Jersey Department of Labor and Workforce Development in the event of any changes.

Signed, sealed with our seals, and delivered this _____ day of _____ in the year of 20____.

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

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

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: _____