

**ASBA FORM 8 – BOND FORM**

INSTRUCTIONS: This form to be completed and sent with original bond and power of attorney. Please refer to your application checklist to determine when you should submit this form to the Board.

**Bond No.** \_\_\_\_\_ **Bond for Apprentice or Auctioneer**

KNOW ALL MEN BY THESE PRESENTS, that we \_\_\_\_\_  
Name of Applicant  
of \_\_\_\_\_, as principal, and  
City/State  
\_\_\_\_\_ as surety, are held and firmly bound  
Name of Bonding Company

Unto the Alabama State Board of Auctioneers in the sum of \_\_\_\_\_ Dollars  
( \_\_\_\_\_ ), lawful money of the United States, for the payment of which well and truly  
to be made, we and each of us, bind ourselves, our heirs, executors, administrators,  
successors and assigns, jointly and severally, firmly by these presents.

The conditions of the above obligation are such that whereas the above-named  
principal has made application to the Alabama State Board of Auctioneers of the State of  
Alabama for a license as an auctioneer or apprentice auctioneer to engage in or  
continue in the business of auctioneer or apprentice auctioneer in accordance with the  
provisions of the act entitled: "Auctioneers License Act No. 811-1973", including all  
amendments made thereafter.

NOW, THEREFORE, if the said applicant, as principal, shall in the event said  
license be issued to him or her, conduct his/her business as an auctioneer or apprentice  
auctioneer in accordance with the provisions of said act, and shall indemnify any person  
in accordance with the provisions of said act, said principal hereby agreeing to indemnify  
any person damaged by any misrepresentation or fraud on the part of said principal or  
by reason of the violation of the terms of said act, then this obligation shall be void, other  
wise to remain in full force and effect.

It is expressly understood and agreed that the said liability of the surety for any  
and all claims hereunder shall in no event exceed the sum of Ten Thousand Dollars  
(\$10,000.00).

It is agreed and understood that this bond shall be in full force and effect  
indefinitely and that a continuation or renewal certificate is unnecessary.

The Surety may at any time cancel this bond by giving sixty days' written notice  
to the Alabama State Board of Auctioneers, the surety, however, remaining liable for any  
defaults under this bond committed prior to the expiration of such 60 day period.

Signed and Sealed at \_\_\_\_\_, Alabama this \_\_\_\_\_  
Day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
Alabama Agent Name

\_\_\_\_\_  
Signature of Principal – Applicant

\_\_\_\_\_  
Alabama Agent Signature

\_\_\_\_\_  
Signature of Authorized Agent

Address of Agent of Surety Company of Alabama: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State

## 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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

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**  
**2424 W. Missouri AVE**                      **Local (602) 749-0702**  
**Phoenix, AZ 85015**                            **Fax: (602) 674-8235**  
**E-Mail SAM@WWISINC.COM**