

**ALABAMA MANUFACTURED HOUSING COMMISSION LICENSE/PERMIT BOND**

Bond # \_\_\_\_\_

I/We \_\_\_\_\_, to be licensed as a manufactured home or building  
(Name of Owner, Partner, or Corporate Officer as "Principal")

Manufacturer ( ) Retailer ( ) or Installer (X), doing business as \_\_\_\_\_  
(Assumed or Corporate Name)

at \_\_\_\_\_,  
(Street Address or Mailing Address, if Different) (Telephone Number)

and \_\_\_\_\_ of \_\_\_\_\_  
(Surety Company Name) (Surety Company Address)

a business duly licensed to transact a surety business in the State of Alabama, does provide this Bond in the aggregate penal sum of \$ \_\_\_\_\_ dollars as surety for the purpose of consumer protection and to enable the Principal to obtain or renew an annual license/certification from the Alabama Manufactured Housing Commission ("AMHC"), as Obligee. This bond shall be open to successive claims up to the face value of the Bond. Provided, however, that the penalty of the bond may not be cumulative from year to year, and the total liability of the surety shall in no event exceed the bond amount regardless of the number of years the bond is in force.

We do hereby jointly, severally bind ourselves, our heirs, legal representatives, successors, and assigns firmly to provide surety to designated consumers as directed by the AMHC Administrator in writing.

**WHEREAS**, the original Bond shall be provided to the AMHC by the Principal before a license is issued to the Principal.

**WHEREAS**, if the Principal and all of its agents and employees shall faithfully and honestly perform all of their obligations in accordance with the laws, rules, and regulations governing manufactured homes (mobile homes) and manufactured buildings (modulars) during the period covered by this Bond, this obligation shall be null and void. Otherwise, it shall remain in full force and effect.

**NOW, THEREFORE**, any consumer/homeowner who owns a manufactured home or manufactured building sited in the State of Alabama which is within the jurisdiction of the AMHC pursuant to Sections 24-4A-1, et seq., 24-5-1, et seq., and 24-6-1 et seq., Code of Alabama (1975), who sustains loss or damage by reason of any act or omission covered by this Bond may, in addition to any other remedy, bring a claim on this Bond for the recovery of damages sustained by said consumer/homeowner, as provided for in Article 15 of Chapter 535 of the Alabama Administrative Code. Said claim must be brought before said Obligee, who may validate the claim and determine the amount of loss or damage, if any, sustained by the consumer/homeowner. Upon determination of loss or damage, the Obligee may make a claim, to include reasonable administrative costs, against the Bond up to the penal sum of the Bond.

The Surety Company must provide written notice, by certified mail, at least sixty (60) days prior to the cancellation or termination of this Bond to the Alabama Manufactured Housing Commission, 350 South Decatur Street, Montgomery, Alabama 36104.

The Obligee may bring a claim against this Bond for any liabilities accrued while the Bond was in force, for up to twelve (12) months after the Bond has been terminated or cancelled.

**IN WITNESS WHEREOF**, said Principal and Surety have jointly executed this Bond this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to be effective on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, until \_\_\_\_\_.  
(Expiration Date or Continuous)

\_\_\_\_\_  
(Signature of Surety)

\_\_\_\_\_  
(Signature of Principal)

\_\_\_\_\_  
(Printed Name of Surety)

\_\_\_\_\_  
(Printed Name of Principal)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

## 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**