MOTOR VEHICLE DEALER'S/BUYER'S AGENT
SURETY BOND

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ , as principal
(Name of Dealership or Buyer's Agent)

and _____ , a company duly
(Name of Surety Company)

authorized to transact surety business in the State of Alaska, as surety, do hereby jointly and severally acknowledge ourselves to be held and bound unto the **Commissioner of Administration**, State of Alaska, in their capacity as agent in the premises for the State of Alaska in the sum of _____ Dollars ( ) (Twenty-five Thousand Dollars ($25,000) in the case of a dealer who sells **only** motorcycles), lawful money of the United States, for the true payment of which we, and each of us, bind ourselves, our heirs, executors, administrators, successors or assigns, jointly and severally by these presents.

THE CONDITIONS OF THE ABOVE BOND ARE SUCH, That whereas, the above named principal is a dealer of motor vehicles, motorcycles, or a buyer's agent who does business by negotiating on behalf of a buyer the purchase of a motor vehicle from a motor vehicle dealer in the State of Alaska under the purview of AS 08.66 and amendments thereto, and will not commit fraud or make fraudulent representations in the course thereof. And the above bond shall remain in force unless the surety cancels, without prejudice to any liability accruing prior to cancellation, the bond in writing with the Commissioner at Division of Motor Vehicles, Attention Dealer/Fleet Manager, 1300 West Benson Boulevard Suite 300, Anchorage, Alaska 99503-3691.

If any person suffers any loss or damage by reason of fraud, fraudulent representations or violation of any of the provisions of AS 08.66, or another law of this state and amendments thereto by a dealer or buyer's agent, the person has a right of action against such dealer or buyer's agent and a personal right of action against the surety upon the bond. The aggregate liability of the surety may not exceed the amount of the bond.

NO attached documents shall modify the provisions of this bond or conditions thereto or rights of action arising under AS 08.66.

Dealership or Buyer's Agent Name	Surety Company Name
Mailing Address	Mailing Address
E-mail Address	E-mail Adress
Authorized Agent Signature/Title	Attorney-in-Fact Signature*
IN WITNESS WHEREOF the said principal has sworn and subscribed to before me this _____ day of _____ , _____.	IN WITNESS WHEREOF the said principal has sworn and subscribed to before me this ____ day of _____, _____.
Notary Public Signature My Commission Expires:	Notary Public Signature My Commission Expires: *Attach hereto a valid power of attorney authorizing the attorney-in-fact to bind the surety.

www.state.ak.us/dmv/

Bond forms change; this is for educational purposes only.

SAMPLE
WWISINC.COM

Surety Bond Application

AGENCY NAME: _____ AGENCY CONTACT: _____

AGENCY PHONE: _____ AGENCY FAX: _____ AGENCY EMAIL: _____

AGENCY ADDRESS: _____ 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: _____ Effective Date: _____ Expiration Date: _____

Type of Company **CORP**☐ **LLC**☐ **DBA**☐ **PARTNERSHIP** ☐ Bond Amount: _____

(Obligee): _____

Obligee Address _____

SECTION II: GENERAL INFORMATION

Applicant's Name: _____ Spouse Name: _____

SS#: _____ Spouse SS#: _____ Home Phone: ( ) _____

Residence Address: _____ City: _____ State: _____ Zip: _____

Business Name: _____

Business Phone: ( ) _____ Business Fax: ( ) _____ E-mail: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Date Business BEGAN under present Individual or Firm Name: _____ BUSINESS TAX ID: _____

HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES ☐ NO☐

DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES ☐ NO☐

HAS APPLICANT EVER FAILED IN BUSINESS? YES ☐ NO☐

HAS APPLICANT EVER FILED BANKRUPTCY? YES ☐ NO☐

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER

SECTION III: ADDITIONAL OWNERS OR PARTNERS AS REQUIRED

NAME: _____ SPOUSE NAME: _____

SS#: _____ SPOUSE SS#: _____ PHONE: _____

HOME ADDRESS: _____ City: _____ State: _____ Zip: _____

PERSONAL FINANCIALS ***(IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)***

STATEMENT OF ASSETS AND LIABILITIES AS OF

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
TOTAL ASSETS		**TOTAL LIABILITIES**	
		NET WORTH	

Name of Owners	Name and Title of Officers	% OWNERSHIP IN COMPANY

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR WORLDWIDE INSURANCE SPECIALISTS INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE NO PREMIUM FINANCING WILL BE ACCEPTED AS PREMIUM IS EARNED IN FULL.

Worldwide Insurance Specialists, Inc
2424 W. Missouri AVE
Phoenix, AZ 85015

Toll Free: (888) 518-8011
Local (602) 749-0702
Fax: (602) 674-8235

E-Mail WWIS@WWISINC.COM

SAMPLE WWISINC.COM