

ARIZONA DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE DIVISION
1801 W. Jefferson Mail Drop 521M
P.O. Box 2100
Phoenix, Arizona 85001-2100

AVIATION, LIQUID USE AND MOTOR VEHICLE FUEL SUPPLIER BOND _____

KNOW ALL MEN BY THESE PRESENTS: That _____
NAME OF PRINCIPAL

AN INDIVIDUAL, A PARTNERSHIP, A CORPORATION

Doing business as or under _____
TRADE NAME, IF ANY

Of the city/town _____ and state of _____

As principal and _____
NAME OF SURETY

A corporation duly organized and existing under and by virtue of the laws of the State of _____ and duly authorized by the ARIZONA DEPARTMENT OF INSURANCE under the laws of the STATE OF ARIZONA, to do a general surety business in the STATE OF ARIZONA in the sum of (\$ _____) Dollars, lawful money of the UNITED STATES, to be paid to the said STATE OF ARIZONA, or its assigns, for which payment well and truly to be made we 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 bounded principal did on the _____ day of _____ 20____, duly and regularly make application to the DIRECTOR of the ARIZONA DEPARTMENT OF TRANSPORTATION, for a license to be a supplier of Aviation, Liquid Use and Motor Vehicle Fuel in the state of Arizona, as provided in A.R.S., TITLE 28, CHAPTER 16, ARTICLES 1 & 2.

NOW, THEREFORE if the said supplier's license shall be granted to the said principal and if the said principal as a supplier shall well, truly and faithfully perform all acts and duties required by law, and all such additional duties as may hereafter be imposed upon the principal by law, and shall well, truly and faithfully pay to the STATE OF ARIZONA, at the time and in the manner provided by law any and all monies due the STATE OF ARIZONA from the principal as such a supplier, from and after the _____ day of _____ 20____, then this obligation shall be void, otherwise to remain in full force and virtue.

Provided further that the limit of the liability of the surety is that of the penal sum above set forth, regardless of the length of period of time after the date hereof. No party other than the named obligee and the successors, administrators and assigns of the obligee shall have any right under this bond.

If the surety shall so elect, liability under this bond may be **TERMINATED BY THE SURETY BY THE GIVING OF SIXTY (60) DAYS WRITTEN NOTICE**, of such desire to terminate liability to the Director of the ARIZONA DEPARTMENT OF TRANSPORTATION, STATE OF ARIZONA, delivered to the address set forth above, in which event said termination of liability shall become effective at the expiration of such sixty (60) days written notice, as provided by law, unless a new bond shall have been filed by such principal and accepted by the Director of the ARIZONA DEPARTMENT OF TRANSPORTATION, STATE OF ARIZONA, prior to such time in which event such termination of liability shall be effective from the effective date of the new bond. Such notice of desire to terminate liability thereunder shall not affect the liability of the surety for any act or omissions of such principal occurring prior to the effective date of termination, but such surety shall continue to be liable under all of the provisions of this bond for all acts and omissions of such principal occurring prior to the time such termination shall become effective, to the same extent as if such notice of termination had not been given.

THIS BOND IS A CONTINUING BOND AND SHALL CONTINUE IN FULL FORCE AND EFFECT FROM AND AFTER THE DATE OF ITS EXECUTION UNTIL TERMINATED BY AND IN THE MANNER HEREIN SET OUT.

IN WITNESS WHEREOF, WE HAVE HERETO set our hands and seal this _____ day of _____, 20____

PARTNER

PARTNER

PARTNER

NAME OF PRINCIPAL

TRADE NAME, IF ANY

COUNTERSIGNATURE (of Arizona Resident Agent or Surety)

Signed _____
PRINCIPAL OR DULY AUTHORIZED OFFICER
Mailing Address of Principal:

NAME

NUMBER AND STREET

CITY ZIP PHONE

NUMBER AND STREET

CITY STATE ZIP

SEND BOND CLAIMS TO:

SURETY

NAME

NUMBER AND STREET ZIP

CITY TELEPHONE

SURETY ATTORNEY-IN-FACT

TO BE COMPLETED BY SURETY COMPANY

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

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