

**TAXPAYER BOND FOR CONTRACTOR
UNDER ARS § 42-5006**

Industry Classification: _____ Bond No: _____

Transaction Privilege Tax License No: _____ Bond Amount: _____

_____ with a principal place of business at _____, as principal, and _____ a corporation, authorized to transact surety business in the State of Arizona as surety, are held and are firmly bound unto the State of Arizona and the Arizona Department of Revenue for the payment of the transaction privilege taxes imposed by this state or political subdivisions of this state in the sum of _____ dollars (_____), in lawful money of the United States of America for the payment of which we bind ourselves, our heirs, executors, and assigns jointly and severally.

The principal is a contractor who desires to engage in business in the State of Arizona and is required by law to execute a bond in compliance with all provisions of ARS § 42-5006.

If the principal complies with all provisions of ARS Title 42, including, but not limited to, payment of all transaction privilege taxes, penalties, and other obligations incurred by the principal and which are adjudged due and owing by the principal during the term of this bond, this obligation is void; otherwise the obligation remains in full force and effect. After notice and a hearing pursuant to ARS Title 42, the Director of the Arizona Department of Revenue may order forfeited to this State and any affected political subdivision any part or all of the surety bond for nonpayment of those taxes, penalties or other obligations.

The term of this bond is continuous and regardless of the number of years it remains in force and effect, the liability of the surety shall not exceed the amount stated in this bond. This bond is effective the _____ day of _____, _____ and shall continue in force until terminated as provided in this bond. The surety may terminate this bond after two years from this date by written notice to the Arizona Department of Revenue, 1600 W Monroe, Phoenix AZ 85007. Such termination shall become effective 30 days after the actual receipt of the notice by the Department. Termination of the bond does not affect any rights or liabilities which have accrued under this bond prior to the termination.

Signed and dated this _____ day of _____.

Principal

By _____

Title _____

Address _____

Surety

By _____

Attorney

Address _____

Subscribed and sworn to before me this _____ day of _____.

My commission expires:

Date

Notary Public

**Please Affix Original
Surety Bond
Corporate Seal Here**

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