

STATE OF ARKANSAS
COIN OPERATED AMUSEMENT MACHINES
OPERATORS BOND

(REQUIRED BY ARKANSAS CODE § 26-57-411, ACTS NO. 553 OF 1977)

STATE OF _____

BOND NO. _____

County of _____

WHEREAS: UNDER THE PROVISION OF ARKANSAS CODE § 26-57-411, EVERY PERSON OR COMPANY OPERATING COIN OPERATED AMUSEMENT MACHINES IS REQUIRED TO PAY THE COMMISSIONER OF REVENUES AN ANNUAL PRIVILEGE FEE AT THE RATE OF FIVE DOLLARS (\$5.00) FOR EACH MACHINE ON LOCATION WITHIN THE STATE OF ARKANSAS, ONE TO THREE (1-3) MACHINES - FIVE HUNDRED DOLLARS (\$500.00) AND FOUR OR MORE MACHINES - ONE THOUSAND DOLLARS, (\$1,000.00) FOR AN OPERATORS PERMIT.

WHEREAS: EVERY SUCH COIN OPERATED AMUSEMENT MACHINE OPERATOR IS REQUIRED TO GIVE BOND TO THE STATE OF ARKANSAS CONDITIONED THAT SUCH OPERATOR WILL FAITHFULLY PERFORM THE DUTIES AND OBLIGATIONS IMPOSED UPON HIM UNDER ARKANSAS CODE § 26-57-401 Et. Seq., AND SUCH REGULATIONS AS ARE PROMULGATED BY THE DIRECTOR OF THE DEPARTMENT OF FINANCE AND ADMINISTRATION THERETO:

NOW, THEREFORE, WE, THE UNDERSIGNED, _____,

DBA _____,

ADDRESS _____,

AS PRINCIPAL, AND _____, HOME OFFICE

_____ AS SURETY, WHOSE AGENT IS

_____ ADDRESS _____

_____, ARE HELD AND FIRMLY BOUND TO THE STATE OF ARKANSAS IN THE SUM OF SIX THOUSAND AND NO/100 DOLLARS (\$6,000.00) FOR THE PAYMENT OF WHICH WE BIND OURSELVES, OUR HEIRS, ASSIGN, EXECUTORS, AND ADMINISTRATORS, JOINTLY AND SEVERALLY, CONDITIONED THAT THE UNDERSIGNED PRINCIPAL SHALL PROMPTLY PAY ALL FEES AS PRESCRIBED IN ARKANSAS CODE § 26-57-401 Et. Seq., AND COMPLY WITH THE REGULATIONS PROMULGATED BY THE DIRECTOR OF THE DEPARTMENT OF FINANCE AND ADMINISTRATION THERETO, AND ALL OTHER THINGS AND MATTERS REQUIRED THEREUNDER THEN THIS OBLIGATION SHALL BE NU. AND VOID, OTHERWISE IT IS AND SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS BOND MAY BE CANCELLED BY THE SURETY UPON SIXTY (60) DAYS WRITTEN NOTICE BY REGISTERED LETTER TO THE DIRECTOR OF THE DEPARTMENT OF FINANCE AND ADMINISTRATION, SAID CANCELLATION NOT HOWEVER AFFECTING THE LIABILITY OF THE SURETY AS TO ANY LIABILITY WHICH SHALL ACCRUE PRIOR TO SUCH CANCELLATION. THE SIXTY (60) DAY NOTICE SHALL COMMENCE AT THE TIME IT IS RECEIVED BY THE DIRECTOR OF THE DEPARTMENT OF FINANCE AND ADMINISTRATION.

(SIGNATURE OF PRINCIPAL)

SIGNATURE OF PRINCIPAL SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____

MY COMMISSION EXPIRES _____

(NOTARY PUBLIC)

(SURETY COMPANY)

(SIGNATURE OF ATTORNEY IN FACT)

REQUIRED - \$6,000.00

"A POWER OF ATTORNEY MUST ACCOMPANY THIS BOND BINDING THE ATTORNEY IN FACTS AUTHORITY TO SIGN FOR THE SURETY"

Bond forms change; this is for educational purposes only.

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.

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