

ARKANSAS MOTOR FUELS TAX BOND

AMFT - 40 B

1 Bond No.	2 Total Amount of Bond (for each license or permit)	3 Effective Date of Bond <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Month</td> <td style="width: 33%; border-bottom: 1px solid black;">Day</td> <td style="width: 34%; border-bottom: 1px solid black;">Year</td> </tr> </table>	Month	Day	Year
Month	Day	Year			

4 Do you hold or have you previously hold an Arkansas Motor Fuel Tax License? _____ YES _____ NO If yes, give a number _____	5 Federal ID Number _____
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LEGAL NAME AND PHYSICAL ADDRESS AS SHOWN ON APPLICATION	PRINCIPAL'S NAME AND MAILING ADDRESS
Name	Name
Street or Mailing Address	Street or Mailing Address
City State Zip Code	City State Zip Code

6 Indicate fuel tax accounts covered by this bond and amount.

<input type="checkbox"/> Interstate Fuel User _____	<input type="checkbox"/> Gasoline Distributor _____	<input type="checkbox"/> Dealer Bond _____
<input type="checkbox"/> I F T A _____	<input type="checkbox"/> Diesel Supplier _____	<input type="checkbox"/> LP Supplier _____

NAME AND MAILING ADDRESS OF SURETY COMPANY	NAME AND MAILING ADDRESS OF ARKANSAS RESIDENT AGENT
Name	Name
Street or Mailing Address	Street or Mailing Address
City State Zip Code	City State Zip Code

CONDITION OF BOND

For valuable consideration, we the above named individual or firm, as principal, and the above named Surety jointly and severally are held firmly bound unto the State of Arkansas Department of Finance and Administration, in the penal sum shown above, lawful money of the United States, for the payment of which we hereby bind ourselves, heirs, assigns, successors, executors, and administrators, firmly by these presents.

The principal has made application to the Department of Finance and Administration, State of Arkansas for or holds license(s) or permit(s) as indicated in this bond. If the principal shall pay all taxes, penalty, and interest due or to become due under the laws of Arkansas relating to such tax programs under the Ark. Code Ann. Section 26-55-101 (1987) et seq., as amended, and Ark. Code Ann. Section 26-56-101 (1987) et seq., as amended, and shall comply with all the provisions thereof, and the regulations issued thereunder, then this obligation shall be void; otherwise, the same shall be and remain in full force and effect. The obligation of this bond shall begin on the effective date indicated above until terminated as provided herein.

It is expressly understood and agreed that the Commissioner may maintain any action under this bond against the SURETY without making the PRINCIPAL a party thereto; that the SURETY shall have the right to terminate its liability under this bond only upon giving to the Commissioner sixty (60) days written notice of its intention to terminate, but said SURETY shall remain liable for all taxes, interest and penalties due under the provisions of this bond up to and including the effective date of such termination of liability. Written notice of termination shall be mailed to the Department of Finance and Administration, Motor Fuel Tax Section, P.O. Box 1752, Little Rock, Arkansas 72203, by certified mail, return receipt requested.

EXECUTED THIS _____ DAY OF _____, _____

Signature of Attorney-in-Fact

Signature of Arkansas Resident Agent

Signature of Principal

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

Notary Public

Notary Seal

PLEASE FORWARD TO SURETY COMPANY

This bond form is designed for use by individuals or companies wishing to obtain Motor Tax Fuel License with the State of Arkansas.

Please review the following guidelines prior to completion of bond so it will not be necessary to return for corrections.

1. Name and physical address must be identical on Surety Bond and Application.
2. Principal Name and Address must be completed and principal must sign the bond and have the signature notarized
3. Power-Of-Attorney must be attached, with name of Attorney-In-Fact listed.
4. Signature of Arkansas Resident Agent for Surety.
5. Effective date of Bond.
6. Total amount of Bond shown in space #2 will be determined by the total of the bond amounts in space #6. All bond amounts will be determined by the Motor Fuel Tax Section and if a bond amount has not been entered, it will be necessary to contact this office.

If new account, completed Bond must be returned to Principal to be mailed with Application.

If you have any further questions pertaining to the bond form, please contact our office.

Motor Fuel Tax Section
P.O. Box 1752
Little Rock, AR 72203

(501) 682-4800

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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