CALIFORNIA STATE BOARD OF EQUALIZATION

BOND OF SELLER

EXECUTED PURSUANT TO DEMAND FOR SECURITY

UNDER THE CALIFORNIA SALES AND USE TAX LAW

Revenue and Taxation Code Section 6701 and, Where Applicable, Executed Pursuant to Demand for Security Under Uniform Local Sales and Use Tax Ordinances and Transactions (Sales) and Use Tax Ordinances (Parts 1.5 and 1.6, Division 2, Revenue and Taxation Code)

	BOND NO				
Know all persons by these pre	sents:				
That we,					
That we,	(PRINCIPAL - Enter owner name	only - do not enter dba)			
whose address for service is	(street add	ress, city, state and zip code)			
as PRINCIPAL, and		2			
a corporation organized under the laws of			and authorized to transact		
a general surety business in the State of Califo					
(city state and zin code)	, are held and	I firmly bound to the People of	the State of California, as		
OBLIGEE, in the penal sum of		D 11 (6)			
to be paid to the OBLIGEE, for which paymen firmly by these presents.	t we bind ourselves, our heirs, exec	utors, administrators, successors and	assigns, jointly and severally,		
WHEREAS, the above-bounden Princ pursuant to the California Sales and Use Tax J		ed for the issuance of, a permit to e	ngage in business as a seller,		
WHEREAS, a demand has been made Taxation Code Section 6701 and, where applie the Bradley-Burns Uniform Local Sales and Transactions and Use Tax Law, to insure comp	cable, by the provisions of Uniform Use Tax Law, and Transactions (Local Sales and Use Tax Ordinance Sales) and Use Tax Ordinances add	es adopted under provisions of opted under provisions of the		
NOW, THEREFORE, if the above-bowhich became due under the Sales and Use Tax	Laws or Ordinances, then this obli	gation is to be void, otherwise it is to			
PROVIDED, HOWEVER, this bond i					
1. This bond is executed by the Surety of and Taxation Code, and where applicable, Par Revenue and Taxation Code, and of Chapter 2 shall be subject to all of the terms and provision. 2. This bond shall be deemed continuous which the permit is granted, and each and even the permit is granted, and each and even in the permit is granted. 3. The aggregate liability of the Surety 4. This bond may be cancelled by the S 2 of Title 14 of Part 2 of the Code of Civil Province in the surety and the code of the Code of Civil Province in the code of the code of Civil Province in the code of the code of Civil Province in the code of t	ts 1.5 (commencing with Section 7: (commencing with Section 995.010 ons thereof. as in form and shall remain in full for succeeding renewal period or practiced hereunder. hereunder on all claims whatsoever urety in accordance with the provise.	200) and 1.6 (commencing with Sect b) of Title 14 of Part 2 of the Code of Corce and effect and shall run concurre eriods, after which liability hereunder er shall not exceed the penal sum of the	ion 7251) of Division 2 of the Civil Procedure, and said bond antly with the permit period for shall cease except as to any this bond in any event.		
5. This bond to become effective			The premium on this hand is		
5. This boild to become effective		<u> </u>	The premium on this bond is		
\$	for the term		·		
Name of Surety		Address			
I certify (or declare) under penalty of perjury	that I have executed the foregoing	bond under an unrevoked power of A	Attorney.		
Executed in	(city and state)	on	(date)		
under the laws of the State of California.			•		
(Signature of Principal)	(title) (date)	(Signature of Attorney-in-	fact for Surety)		
Evenuted at (sity and state		(Drinted on typed name of Attom			

Executed at (city and state)

BOE-445 REV. 10 (10-93)

Bond forms change; this is for educational purposes only.

Surety Bond Application

AGENCY NAME:	AGENCY CONTACT:						
	AGENCY FAX:AGENCY EMAIL:						
AGENCY ADDRESS:	City:		State:				
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 S	S#:	Ho	me Phone: ()				
Residence Address:	City:	St	ate:	Zip:			
Business Name:							
Business Phone: ()	Business Fax: ()	E-mail:				
Business Address:	City:	St	ate:	Zip:			
Date Business BEGAN under present Individual or Firm Name: BUSINESS TAX ID:							
HAS ANY COMPANY REFUSED TO ISSUE BONDS DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS							
FOR ANY PURPOSE? YES NO AGAINST YOU? YES NO AGAINST YOU? YES NO AGAINST YOU?							
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 N	NAME:	•				
SS#:	SPOUSE S	SS#:	PHON	E:			
HOME ADDRESS:	City:		state:				
PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION)							
STATEMENT OF ASSETS AND LIABILITIES AS OF							
ASSETS CASH IN DANK		NOTES PAYABLE TO	LIABILITIES	<u> </u>			
CASH IN BANK CASH ON HAND		NOTES TO OTHERS					
STOCKS AND BONDS		ACCOUNTS PAYABI					
ACCOUNTS RECEIVABLE		FEDERAL & STATE					
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 UND	IVIDED PROFITS				
TOTAL ASSETS		NET WORTH					
Name of Owners	Name and 1	itle of Officers	% OWNERSH	IIP IN COMPANY			
Nume and Title of Officers //							

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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