Motor Vehicle Defective Title Bond

Bond NoPremium				
1 ICIIIIIIII				
as Principal, and				
a general surety business in the hereof, its officers and Dollars (\$ reby bind ourselves, our heirs,				
den Principal has made a California certificate of				
quired supporting evidence of				
th as a condition to the issuance				
otor Vehicles of the State of any and all persons acquiring as, suits, actions, loss or damage ht, title and interest of said				
1. That any interested person may, in addition to any other remedy he may have, bring an action in his own name to recover hereon any damages sustained by him by reason of any breach of the conditions for which this bond is deposited and in such action shall have and recover costs and a reasonable Attorney's fee.				
2. That the aggregate liability of the Surety above named on this obligation to all such interested persons shall in no event exceed the penal sum of this bond.				
eto in the event the said vehicle endered to the Department of ofore incurred or accrued.				

Bond forms change; this is for educational purposes only.

Surety Bond Application

AGENCY NAME:	AGENCY CONTACT:				
	_AGENCY FAX:AGENC				
AGENCY ADDRESS:			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 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	IAME:	•		
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 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 ACCETS					
TOTAL ASSETS		TOTAL LIABILITIES NET WORTH			
Name of Owners	Name and T	itle 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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