

**HOME SALE DOWN PAYMENT BOND**  
(MANUFACTURED HOUSING)

KNOW ALL MEN BY THESE PRESENTS:

Bond No. \_\_\_\_\_

That we,

Street Address: \_\_\_\_\_, City, \_\_\_\_\_  
County of \_\_\_\_\_, State of Colorado, as Principal, and \_\_\_\_\_, a  
surety company qualified and authorized to do business in the State of Colorado, as Surety, are held and firmly bound  
unto the Attorney General of the State of Colorado to indemnify purchasers of manufactured homes for any loss  
suffered by reason of the violation of the conditions hereinafter contained, in the amount of **FIFTY THOUSAND AND  
No/100s DOLLARS (\$50,000.00)** lawful money of the United States, for the payment of which, well and truly to be  
made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly, severally, and firmly by  
these presents,

WHEREAS, the said Principal is engaged in the business of selling manufactured housing in the State of Colorado and  
may receive manufactured home sale down payments (Ahome sale down payments@) pursuant to the terms of  
agreements for the sale of manufactured homes, and

WHEREAS, in compliance with the provisions of ' 24-32-3324(2) C.R.S., principal is required to tender a home sale  
down payment bond to the Attorney General of the State of Colorado.

THE CONDITION OF THIS OBLIGATION IS SUCH that if the principal refunds home sale down payments  
received, in accordance with the terms of the respective manufactured home sale down payment agreement pursuant to  
which such down payments were taken, and does not engage in any conduct described in ' 24-32-3326 C.R.S. with  
respect to the refund of such home sale down payments, and, as required by said section, makes payment of reasonable  
per diem living expenses, then this obligation shall be void, otherwise to remain in full force and effect, and

FURTHER CONDITIONED that this \_\_\_ new bond or \_\_\_ continuation certificate shall be effective only with  
respect to home sale down payments received by the principal during the calendar year from \_\_\_\_\_  
(starting date) to \_\_\_\_\_ (ending date), and

PROVIDED, that the aggregate liability of Surety for home sale down payments received during the effective dates  
of this bond shall not exceed the face amount hereof, regardless of the amount of claims or the number of claimants, and

FURTHER PROVIDED that this bond is revocable only upon written consent of the Attorney General of the State  
of Colorado. This bond may be continued from year to year upon Surety's issuance of a continuation certificate  
delivered to the Division of Housing of the State of Colorado; provided, however, that all such continuations shall be  
cumulative and shall have the legal effect of a new and separate obligation issued for the period covered by any such  
continuation certificate, and each such continuation certificate must be in the form approved by the Attorney General of  
the State of Colorado.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

Countersigned:  
BY: \_\_\_\_\_

BY: \_\_\_\_\_

# 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	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>Name of Owners</b>	<b>Name and Title of Officers</b>	<b>% OWNERSHIP IN COMPANY</b>	

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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 Phoenix, AZ 85015

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