



License Bond  
Merchant Guard Company

Bond # \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS: That we, \_\_\_\_\_  
(Name and Address of Principal)

as Principal and \_\_\_\_\_  
(Name of Surety)

a corporation organized and existing under and by virtue of the laws of the State of \_\_\_\_\_,

and having its principal office in \_\_\_\_\_  
(City and State)

and duly qualified as a Surety Company under the laws of the State of Colorado, as Surety, are held and firmly bound unto the City and County of Denver, a Municipal Corporation under the laws of the State of Colorado, in the penal sum of Five Thousand Dollars

(\$5,000.00) lawful money of the United States of America, for the payment of which sum, well and truly be made, we and each of us bind ourselves and our heirs, executors, administrators, successor and assigns, jointly and severally, firmly by these presents:

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:

WHEREAS, the said principal, has been duly licensed as a Merchant Guard Company, for the calendar year 20\_\_\_\_, in accordance with the provisions of Chapter 42, Article V of the Revised Municipal Code of the City and County of Denver.

NOW, THEREFORE;

A. I, said Principal, shall faithfully comply with all the requirements of Article 42-161 of the Revised Municipal Code of the City and County of Denver and shall conduct the Merchant Guard business honestly and faithfully; and

B. The said Principal shall pay all fines, penalties, and costs that may be adjudged against it for the violation of the terms of Article 42-161 et seq. of the Revised Municipal Code, and faithfully perform and honestly conduct the business of Merchant Guard Company of the Principal; and said Principal shall pay all wages and salaries due to all agents and employees of the business; and

C. Surety will pay the City and/or any person who may have employed the license and been injured by any willful, wanton, or dishonest act of the licensee or any agent or employee of the licensee. Surety will pay wages and salaries due to all agents and employees of the business in the event of default of payment.

D. If the said Principal shall indemnify, save and keep the City and County of Denver and its officials and employees harmless from any claims, damages, liabilities, losses, actions, suits or judgments which may be presented, sustained, brought or obtained against the said City and County of Denver or any of its officials or employees because of the issuance of the aforesaid licenses, then this obligation shall be void; otherwise, it shall be and remain in full force and effect. The term of this Bond expires at 12:00 midnight, December 31, \_\_\_\_\_.

Bond forms change; this is for educational purposes only.

Provided, however, that this obligation shall be and remain in full force and effect unless and until the Surety herein shall exercise the option to provide to the Department of Excise and Licenses, a ninety-day notice of its desire to be relieved of liability. However, such cancellation or termination shall not discharge said Surety from any liability already accrued under this obligation or any liability which shall accrue before the expiration of the ninety-day period, and provided further that this bond shall be payable to the City and County of Denver, to any person, firm, or corporation who may have

employed the Principal or any of its employees, and been injured by any willful, wanton, dishonest act of the said Principal or any of its employees, and shall be further conditioned upon payment of all wages and salaried due to the said employees in the event of default of payment.

IN WITNESS WHEREOF, said Principal and said Surety have executed this presents this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Principal)

BY \_\_\_\_\_  
(Name and Title)

ATTEST:

\_\_\_\_\_  
(Notary)

(Seal)

\_\_\_\_\_  
(Surety)

BY: \_\_\_\_\_  
(Name and Title)

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(Seal)

(Accompany this bond with Attorney-in-fact's authority from the Surety to execute the Bond, certified to include the date of the Bond.)

# 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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