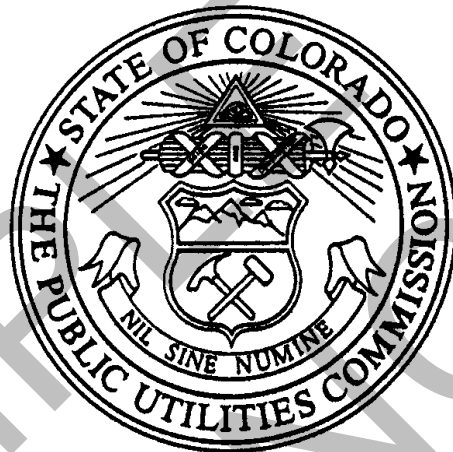


TOWING CARRIER SURETY BOND
APPENDIX A to the
RULES REGULATING TRANSPORTATION
BY MOTOR VEHICLE



EFFECTIVE August 10, 2011

COLORADO DEPARTMENT OF REGULATORY AGENCIES
The Public Utilities Commission
Docket No. 11R-638TR

Bond forms change; this is for educational purposes only.

MOTOR CARRIER SURETY BOND

KNOW ALL PEOPLE BY THESE PRESENTS, that we _____, as Principal (Carrier), doing business at _____

and _____, as Surety, authorized to transact business in Colorado, are held and firmly bound unto the PUBLIC UTILITIES COMMISSION (Commission) in the STATE OF COLORADO, in the amount of FIFTY THOUSAND DOLLARS (\$50,000.00), to the payment of which we hereby bind ourselves, our heirs, administrators, executors, representatives, successors and assigns, firmly by these presents.

WHEREAS, § 40-10.1-401 (3) (a), C.R.S., requires a motor carrier of towed motor vehicles to be bonded for the purpose of paying any civil penalty assessments made by the Commission against the carrier that the carrier fails to pay when due. Such bond must be filed with and drawn in favor of the Public Utilities Commission of the State of Colorado.

NOW, THEREFORE, the condition of this obligation is such that if the above-named Principal shall satisfy all money judgments, default or otherwise, rendered against it by a court of competent jurisdiction or in binding arbitration arising from a civil penalty assessment due to a violation of article 10.1 of Title 40, C.R.S. or Commission rules promulgated in the furtherance thereof, this obligation is void, but if the Principal shall fail to satisfy any such judgment arising from a civil penalty assessment, this obligation remains in full force and effect.

This bond shall become effective on the _____ day of _____, 20____, but if these spaces are not completed, the date of execution shall be the effective date of the bond.

The Surety shall have the right to terminate its liability hereunder only by giving the Principal and the Colorado Public Utilities Commission thirty (30) days written notice of such termination, addressed to the Principal at the address last known to the Surety and to the Colorado Public Utilities Commission, 1560 Broadway, Suite 250, Denver, Colorado 80202. Such termination shall not release the Surety from any liability existing under this bond at the time of the effective date of termination.

In order to draw funds on this bond, the Colorado Public Utilities Commission shall first give the Surety written notice of the Principal's failure to satisfy a civil penalty assessment, as described above, and shall demand payment or satisfaction of said judgment. In the event that the Surety fails to perform its obligation under this bond, the Colorado Public Utilities Commission may commence appropriate legal action against the Surety to recover the amount of the judgment plus interest, costs and attorney fees.

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In no event shall the aggregate liability of the Surety for all claims under this bond exceed the amount of this bond, regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid. Any revision of the bond amount shall not be cumulative.

Bond No. _____

Signed this _____ day of _____, 20_____.

_____, Principal

By: _____

_____, Surety

By: _____

Signed and acknowledged by Surety's Agent, _____, before me this

_____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires:

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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.

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 Phoenix, AZ 85015

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Local (602) 749-0702
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