



CT Lottery

CONNECTICUT LOTTERY SALES AGENT PAYMENT BOND

After all signatures are in place, please return to:

**CONNECTICUT LOTTERY CORPORATION
COLLECTIONS DEPARTMENT
777 BROOK STREET
ROCKY HILL, CT 06067**

11-9-2015

Bond forms change; this is for educational purposes only.

**CONNECTICUT LOTTERY CORPORATION
SALES AGENT BOND**

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS:

That _____, doing

(applicant's name, LLC and/or corporation name and d/b/a name)

(Ex: John Doe, John Doe LLC, dba John's Business)

business at _____

(location of store, street address, city and state, zip code)

as Principal (the "Principal"), and, _____, authorized to do business in the State of Connecticut as Surety (the "Surety"), are held and firmly bound unto the Connecticut Lottery Corporation, 777 Brook Street, Rocky Hill, CT 06067-3403 (the "Obligee" or the "CLC") in the amount of _____ Dollars (\$ _____) for the payment of which the Principal and Surety bind themselves, their legal representatives, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the CLC is authorized to operate the Connecticut state lottery in order to raise money for the State of Connecticut; and

WHEREAS, the Principal, as a CLC sales agent, has certain legal and contractual obligations to the CLC, including but not only the obligation to timely pay to the CLC all net monies due and owing the CLC in connection with the Principal's sale and cashing of CLC lottery tickets.

NOW THEREFORE, the condition of this obligation is such that, if the Principal shall promptly and faithfully perform all of its legal and contractual obligations as a CLC lottery sales agent, as modified from time to time (the Surety hereby waives notice of each such modification), including timely payment of all net monies due and owing the CLC in connection with the Principal's sale and cashing of CLC lottery tickets, at the location(s) listed above and, if any, in the attached Schedule "A", then this obligation shall be null and void, otherwise it shall remain in full force and effect.

The Surety may not alter, amend, modify or vary any term of this bond, or cancel, refuse to renew or otherwise annul this bond without in each instance first giving the CLC written notice, **via certified mail (Attn: Collections Dept.)** no fewer than sixty (60) calendar days prior to the effective date of any such action. The aggregate liability of the Surety under this bond for all or any defaults of the Principal, including principal, statutory interest and any penalty due the CLC, shall in no event exceed the penalty of this bond.

Signed and sealed this _____ day of _____, _____.

Witness 1 for Principal

Name of Principal

Witness 2 for Principal

Name of Principal

By: _____
Its duly authorized

Witness 1 for Surety

Name of Surety

Witness 2 for Surety

Address

City, State, Zip Code

Contact Person

Telephone Number

By: _____
Its duly authorized VALERIE ABER, ATTORNEY-IN-FACT

SCHEDULE A
List of Additional Locations

SAMPLE
WWW.SINC.COM

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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.

Worldwide Insurance Specialists, Inc
 2424 W. Missouri AVE
 Phoenix, AZ 85015

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Fax: (602) 674-8235

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